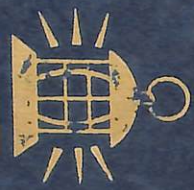
FIRST AID AND RESCUE WORK

49
Lives



# CHAPTER V

# TRANSPORT OF THE INJURED

### Lifts, Stretchers, Lowering by Rope, etc.

There are several ways of carrying an injured person. The method used must, of course, depend on what is wrong with the patient. In all cases of injury gentle handling and avoidance of jolts is imperative.

Moving will, of course, be done before the arrival of the doctor in the case of minor injury only, or when fear of a worse injury may force the removal of an injured person from a dangerous spot (for example, from a fire or in a busy street). It is necessary always to think with the mind of the one who has been hurt and so spare her every possible discomfort. Having treated for shock, and made the patient as comfortable as possible where she is, there are many things to think of, such as getting further help, sending clear messages, procuring extra blankets, hot-water bottles, etc., warning traffic, if any, improvising splints (page 147), improvising a stretcher if an ambulance is not available (page 237), and so on.

### LIFTS

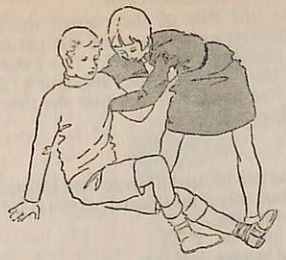
**To help a person up if single-handed** (as in the case of a sprained ankle, without putting injured foot to the ground).

Position of injured person: lying or sitting.

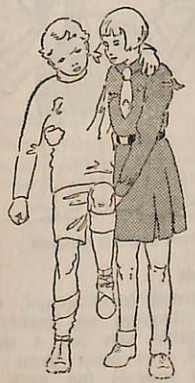
Position of assistant: standing on the injured side of patient and face to face with him.

1. Kneel to patient, link nearest arm through his, place outside arm behind his back and raise to sitting position.
2. Assistant stands, instructs patient to flex his uninjured leg to take his weight when he rises, again link arms (note position in diagram 62) and with outer arm giving support help patient up swiftly and smoothly.
3. Change arm positions and, supporting leg of patient off the ground with outer arm, place inner arm round patient's waist, and with his arm over assistant's neck move off slowly and carefully (diagram 63).





62—Assisting an Injured Person to Get Up



63—A Method of Support for Person with a Sprained Ankle

64—Human Crutch

**Human Crutch** (see diagram 64).

Walking by the side of the patient the assistant gives support by putting an arm around the patient's waist and clasping the clothing at hip level. The patient, by putting her nearest arm around the assistant's shoulders and gripping the free hand, will find that she then has considerable help in moving.

**Pick-a-back**

This method can be used if the patient is conscious and able to hold on—but only if the injured person is very small indeed compared with the bearer, who must be grown-up and strong (diagram 48).

**Fore-and-Aft Method** (with two bearers) (diagram 65).

If the patient is insensible, one bearer kneeling behind her passes hands under patient's armpits and clasps them in front of her chest. The second bearer carries her feet first, with a leg on each side. Assistant and bearer walk in step.

65—Fore-and-Aft Method

**Handkerchief Method for two people**

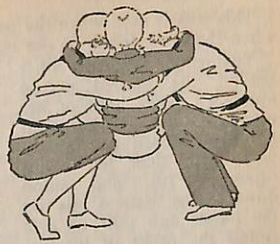
66—Handkerchief Method

A strong handkerchief, tied as in diagram 66, makes a comfortable seat for a short distance, the other arms are free to support the back or legs.



**Two-handed Seat**

This method may be used to carry a helpless person. Two people face each other and stoop one on either side of the patient. Each puts her inside arm under the injured person's back to the opposite side, and if possible takes hold of the clothing. Then gently raise the patient to a sitting position and clasp hands under the thighs (a handkerchief should be held in the clasped hands to prevent the finger nails from hurting the flesh). Assistants then get up and step off, starting with outside feet first (diagram 67).



67—Two-handed Seat—Support

68—Two-handed Seat—Hand Grip

**Three-handed Seat**

This method is useful when injury is done to one or both legs, and the patient is able to use her arms. Two people face each other behind the patient. If the injury is to the left leg, the carrier on the patient's right (No. 1) holds her own left wrist with her right hand, and the No. 2 carrier (on patient's left) grasps the right-hand wrist of No. 1 with her right hand, while her right wrist is grasped by the left hand of No. 1, leaving No. 2's left hand free to support the patient's bad leg.

69—Three-handed Seat

The patient puts her arms round the necks of her carriers and sits on the hand-seat. Both get up together and step off, outside feet first.

### The Four-handed Seat

This seat is used when the patient can use her arms and when the lower limbs do not need any special support.

Two people face each other behind the injured person and each takes hold of her own left wrist with her right hand and of each other's right wrist with their left hands (diagram 70), and stoop down. The patient sits on the hands and puts an arm round the necks of his carriers, who get up together and step off with their outside feet first.

70—Four-handed Seat

### The Three-Man Lift

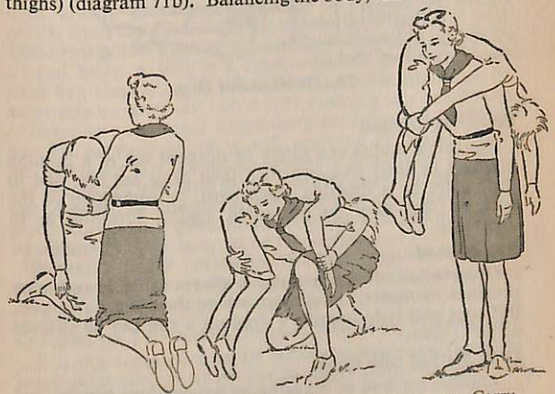
This lift may be employed when four life-savers are working together, and may be used to bring an unconscious patient to land after rescue.

When the patient and rescuer are nearing shallow water the first assistant will wade into the water hip-deep. The rescuer, on reaching him, will turn the patient face downwards and to the left, keeping the patient's head clear of the water. The first assistant will secure the patient by placing his left arm from the rear under the patient's left armpit and grasp the patient's left shoulder, keeping his elbow close to the patient's side. He will then grasp the left wrist of the second assistant in the wrist-lock grip under the patient's abdomen, while the second assistant will secure the patient by placing his right arm from the rear under the patient's right armpit and grasp the patient's right shoulder, keeping his elbow close to the side. He will then grasp with his left hand the right wrist of the first assistant in the wrist-lock grip under the patient's abdomen. When the first and second assistants have secured their grips the third assistant will lift the patient's legs on to his right shoulder and grasp them slightly above the knees, keeping his elbows close to his body.



### The Fireman's Lift

For carrying an unconscious person. This method again should never be used in practice where the strain will tax the bearer, and is inadvisable under Ranger age. From the prone position bring the arms to the side of the body. Kneel at one side of the patient's head, then, raising the head and shoulders slightly, slip your hands under the patient's armpits from front to back; raise and rest him against your right side, at the same time slide your hands lower down the back to the hip level and clasp them (diagram 71a). Now rise, lifting the patient to an upright position with the head over your right shoulder. The next movement is to grasp the patient's right wrist in your left hand, at the same time stooping down till your right shoulder is level with his hip. Place his right arm round your neck and pull him on to your shoulder (right). Pass your right hand between his thighs and round his right thigh (in the case of a woman the hold should be effected by placing the hand around both thighs) (diagram 71b). Balancing the body, rise to a standing



a—Prepare to Lift b—Lift c—Carry

71—The Fireman's Lift

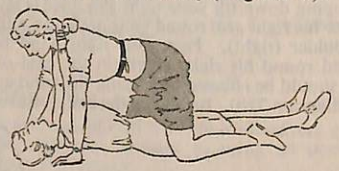
position. Release your left hand from the subject's right wrist and grasp it firmly in your right hand, which has been passed between or around the thighs. The rescuer's left hand is thus free to hold and support if necessary (diagram 71c).

## DRAGS

### Drag Methods for One Person

**Handkerchief-Drag Method**

In the event of fire an unconscious victim can be hastily removed from the danger zone by knotting her wrists together with a handkerchief and then, astride her body, the rescuer can crawl with her to safety (diagram 72).



72—Handkerchief Drag

**Feet-Drag Method**

Insensible bodies can safely be dragged out of a burning building by their feet, provided their arms are first tied to their sides by a dressing gown cord, or something of the sort, so that they do not catch against furniture or in doorways.

**Rug Method**

Observation of surroundings is always valuable and saves precious moments. In a room where there are no carpets, but rugs and bare boards, a drag on a rug can be effected at great speed.

**Drag Method with Rope**

Another method of dragging an unconscious person, and useful where the victim may be very much bigger than the rescuer, is by tieing a double overhand at both ends of a



sheet or rope, and putting one loop over the patient's head and under his arms and placing the other end over one of the rescuer's shoulders; rescuer then crawls, dragging the unconscious person to safety. A towel, rolled coat, or something similar available, placed between head and rope affords extra support for the head of the patient (diagram 73).

73—Rope Drag

**Lift by Clothing**

The clothing—long coat, skirt and jacket, etc.—which the patient is actually wearing can afford a good hold if rolled tightly to give a solid substance to grip hold of. It must always be remembered that in raising an injured person from the ground the lift should be (a) safe, (b) level. These two points must be remembered. A rolled rug can be slipped under a patient's head, unrolled gradually down until flat, then with the sides rolled towards the centre the same grip as described above with clothing can be effected.

*Note.* In no instance where there are smoke or gas fumes can the assistant afford to risk exposing herself to rescue work without first taking the necessary precaution of covering her mouth and nose with a handkerchief or cloth wrung out in water, or else she herself may also be overcome and prove to be only a nuisance to those she was hoping to help by adding another body to be recovered.

In searching for victims in fires they may very often be found unconscious under beds or tables, etc., where they have hidden themselves in their fright (see page 191).

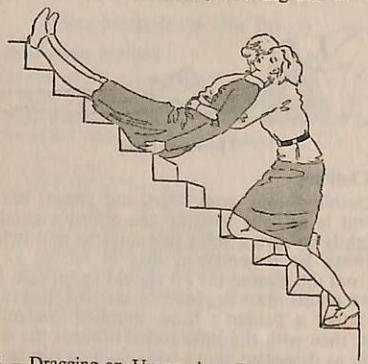
**Dragging an Unconscious Person Downstairs Single-handed**

It is one thing to drag an unconscious person along the level; quite another to get her in safety from one storey of a house to another single-handed.

This method should be practised on actual stairs. It is very important that the position of the patient's head, lying

back on the shoulder (diagram 74), is taken note of. It should not fall forward.

Having dragged the person to the top of the stairs the rescuer sits herself sideways on the top or second step, puts her hands under the unconscious person's arms and clasps her very firmly round the chest, drawing her towards the



74 —Dragging an Unconscious Person Downstairs

stairs until she is in a sitting position, with her head well over the shoulder of her rescuer.

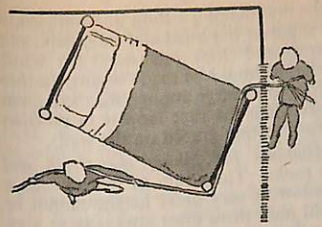
The rescuer then gently slips backward down another step, drawing the patient on to the first step, and so on down the stairs (diagram 74), all the time taking special care to keep the head of the patient in the right position over her shoulder.

**Letting Persons out of an Upper Storey Window by Rope, Knotted Blankets, Sheets, etc.**

There are many ways by which such rescues can be effected. This is one way which has been found suitable for Guides to use.

1. *Find suitable rope or rope substitute.* If rope it should be strong and without frayed or worn patches. If blankets





75—Check Points

76—Taking the Strain—Mountaineer's Method

77—Lowering the Patient

or sheets or curtains are used they should be securely knotted (fisherman's knot), and sufficiently strong.

*Note.* It is important to see that whatever you propose to use is long enough. It should reach at least from waist height above the ground to well inside the room where the persons to be lowered are trapped.

2. *Secure rope round person to be lowered* (bowline or double overhand knot). Tie two double overhand knots in

the end of your rope, the first making a loop just sufficiently large for the patient to slip over her head and shoulders, and to remain under her arms and chest and round her waist, the second double overhand should be made slightly farther up the rope, making a loop only large enough for the patient to grip with both hands when the first loop is in position (this saves her hands from getting grazed on the wall).

3. *Take proper precautions for taking the strain and holding the rope in the room.* The strain of letting even a child down from a window at very great height cannot be attempted with a straight pull; there must always be at least one right-angle turn in the rope to break the strain. For instance, over the window sill and drawn round a central-heating pipe at the bottom of a wall, then up to the person taking the strain. Or, if there is no central-heating pipe, some piece of furniture may be utilised, say the leg of a bed or chest of drawers. These angles are called 'check-points'. The strain, however, on these will be so great the furniture will immediately be dragged up to the window. So drag them up to the window before you start. Also see that they are heavy and cannot be lifted off the floor. Whatever is chosen, be it pipe, built-in fitment, pillar or furniture, test it first by giving it as good a jerk as you possibly can (diagram 75).

Stand at the side of the bed or other 'check', and at a right angle, and take the strain on the rope yourself by the mountaineer's hold, i.e. pass the rope over your shoulder as you stand facing the strain and across your back and down the opposite arm, where you grasp it firmly, and then, putting one leg in front of the other, you throw the whole weight of the body back on the rope. If the rope is only barely long enough it is advisable to attach its end firmly to something in the room, just behind where you will stand. If, however, it is amply long enough, this precaution can be dispensed with. *Draw in the slack* (diagram 76).

4. *Lower your patient.* When all these preparations are complete, instruct your patient to climb out of the window and lower herself on to the sill, facing inward. See that at this point the rope is tight and, as the patient lets go of the sill, gradually pay out your rope.

In practice it will be found that the strain is almost nil if the angles in the rope are correct.



In practice the following points may be useful: wear an old coat; clothing sometimes gets marked as the patient goes over the sill. Pad the sill. This makes it more comfortable for the patient and is less likely to fray the rope (an upturned door-mat is useful for this purpose, or any old sacking). Rugs should not be used for practice, as they easily wear into holes. Work this method out in practice as soon as you can, making sure you have it right, from the diagrams (diagram 77).

**Letting Yourself out of an Upper-Storey Window**

1. The rope or substitute must be long enough to reach the ground *when doubled.*

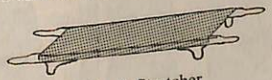
2. Attach the rope to you in the same way as described in (2) above, but in this case the second loop is unnecessary.

3. Put the rope round something firm in the room (see (3) above) and throw the loose end out of the window.

4. Get on to the sill and lower yourself down, grasping firmly the rope you have thrown out. Then as you go down let this rope go up. When you have reached the ground you can pull the rope after you and have it ready for another time.

## STRETCHERS

A loaded stretcher is a heavy thing to carry and it is most unwise, unless circumstances make it unavoidable, for girls or even women to attempt to carry stretchers.

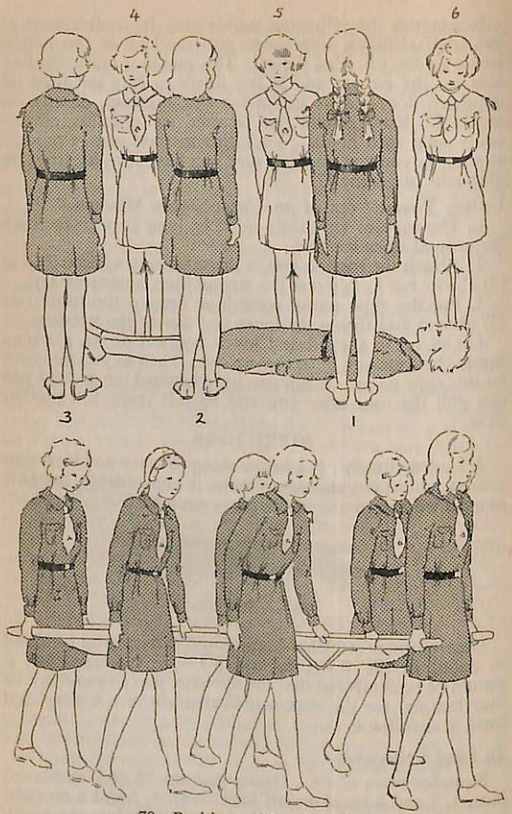


78—A Stretcher

Description of stretcher-loading and carrying can be found in detail in the B.R.C.S. and S.J.A.A. manuals, but it should be remembered that the stretcher party should not be four but six, for the reason indicated above. A simplified form is as follows:

**To Load a Stretcher**

Stretcher team of six. (Note diagram 79 and numbers.) Nos. 1, 2 and 3 kneel on left knee, Nos. 4, 5 and 6 on right knee. Bend to patient, pass hands gently below the body,




79—Positions of Stretcher Party



grasping the hands of the stretcher-bearer opposite; lift evenly on to the knees of Nos. 1, 2 and 3; 4 and 6 then fetch the stretcher and step alongside knees of first three, take up their positions again and lower patient. No. 1 is in charge and should give all instructions. Note positions in diagram of carrying the stretcher; short steps should be taken; the near bearer steps off with right foot, and the remainder with the left.

**To Unload**

Reverse the procedure of loading, or an alternative method, if the patient is to be put on a bed, is to bring the stretcher up over the end of the bed and lower the patient gently up and forward on blankets. Where room space does not allow for this the stretcher may be brought up alongside the bed and the stretcher case unloaded gently as before by grasping the blankets under the patient.

**Improvising Stretchers**

It is most important for everyone to know how to improvise a stretcher, as it is by no means always possible to get hold of a proper one. Should an accident occur in an out-of-the-way spot, it is up to a Guide or Ranger who may be present to improvise a safe stretcher while a doctor, or someone with First Aid qualifications, is attending the injured person.

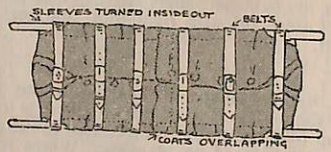
There are many simple ways of improvising a stretcher, and it is as well to know and practise at least three, as the one chosen when the accident happens will depend on the material available at the time.

Examples of some methods that can be practised are given below, but Guides and Rangers should at all times be encouraged to explore and invent ways of their own, always remembering that the safety of transport of the injured person depends on them; a fall from an insecure stretcher might cause a very grave condition to the injuries that have already been sustained.

*Method* 1. *Coat Stretcher*

Two strong poles, slightly longer than the patient. Two coats; if possible, two short poles or sticks (about 2 ft. 6 ins. in length) and thick string or cord to lash these across.

Lay the poles on the floor parallel to one another; put the sleeves of the coat inside out and slip the poles through the sleeves, one coat each end of the stretcher, and with the bottoms of the coats overlapping at the centre. Button the coats and tie round with belts about a foot apart in the

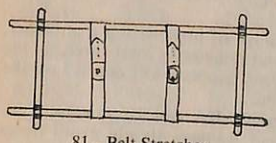



80—Coat Stretcher

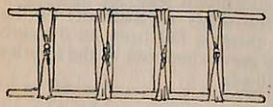
middle. Move the buckles to the sides so that the patient will not lie on them (see diagram 80). Stretch the poles apart and lash the crossbars, using square lashing across each end, just leaving room beyond them for the bearer's hand to grip the poles.

*Method* 2. *Belts or Bandages Stretcher*

Two poles, *at least* four or five belts or triangular bandages.



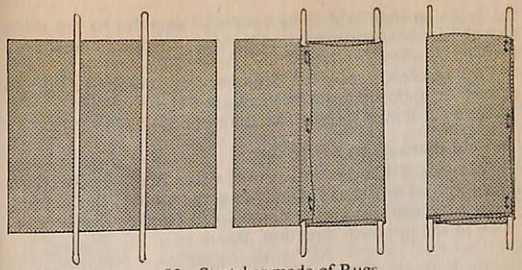
81—Belt Stretcher



82—Bandages Stretcher

Lay the poles two feet apart; tie belts or bandages (narrow fold) round the poles at top and bottom, and two in the middle. The latter should be about a foot apart, taking care to avoid the hollow of the back and all flexes. Slip the knots or buckles underneath the stretcher. Coats and blankets or sacking if available should then be wrapped round the improvised stretcher (diagrams 81 and 82).





83—Stretcher made of Rugs

*Method* 3. *Rugs, etc.*

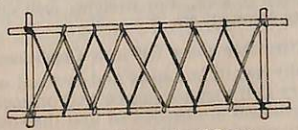
Rugs, two poles, one blanket or rug, two crossbars, blanket pins or large safety pins (see diagram 83).

Lay the rug flat and place two poles on it lengthwise, parallel to one another; take one side of the rug and bring it over the first pole and under the second one, laying it back over the second pole. Pin with three large safety pins in the centre and at each end. Take the other side of the rug and bring it over the second pole and to reach across the improvised stretcher. Pin if possible on the far side as well. To make the stretcher really secure, lash on crossbars as in Method 1.

*Method* 4. *Sacks Stretcher*

Two sacks, two long poles, two crossbars, string for lashing.

Lay two sacks end to end, the bottom of the sacks touching. Cut two slits, one on either side, only just big enough to push the poles through. Having done this, and drawing



84—Stretcher made of Rope

the sacks to their widest by keeping the poles to the sides, lash the crossbars at each end to keep the poles apart.

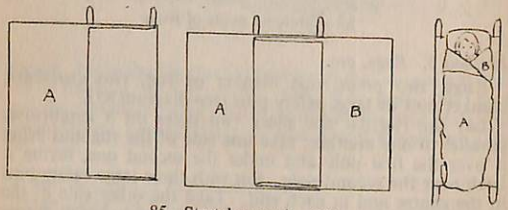
*Method 5. Rope Stretcher*

Two pieces of rope for stretcher bed, commencing and ending at opposite corners (diagram 84).

*Method 6. With Clothing* (see diagram 80).

**To Fold Blankets on a Stretcher**

Fold No. 1 blanket into three, place it on the stretcher (opening side up), the foot end hanging well over the handles. Turn back top third, A. Fold No. 2 blanket similarly, to open in the opposite direction, B.




85—Stretcher made of Rugs

Place patient on the four folds of blanket on the stretcher, wrap over A and B; turn back the top corners and fold under at foot. A third blanket, if available, can be folded double, lengthwise, and placed on top, tucking in all round (diagram 85).

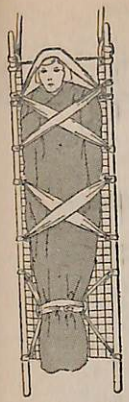
**Carrying Stretchers**

In carrying a stretcher it is always important to remember that it should be lifted slowly and evenly, and the bearers should walk out of step. For stretcher drill see British Red Cross Society Manual, No. 3.

**Carrying a Stretcher under Difficult Conditions**

If a casualty has to be raised and lowered on a stretcher it is necessary that they should be tied on securely. Seven triangular bandages are needed so that the stretcher can be carried in any position, such as on its side through a narrow





86—Lowering a Loaded Stretcher down a wall or cliff

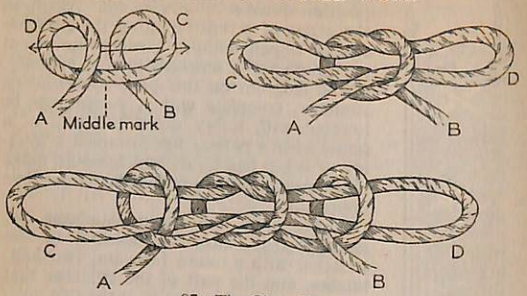
opening, or in a perpendicular or upright position down a mountain, etc. Again, in the event of severe vomiting the stretcher can be tipped without causing movement on the part of a seriously injured patient.

The diagram on this page shows how a stretcher, complete with a patient, can be lowered with safety down the wall of a house when a patient has sustained a fracture or other bad injury which would make other measures of lowering them on a rope impossible.

Notice how the seven bandages are secured—they must be fastened to the stretcher with a round turn and two half-hitches, and the part of the stretcher that they should be fastened to is the side pole; on no account use wire or any straps.

The ropes which are to be used for lowering the stretcher from the window should again be fastened with a round turn and two half-hitches at the point where the cross- shaft joins the side poles. If more rope is available it is advisable to fasten a doubled rope again to both the poles at the foot. These, having been knotted into place, can be thrown out of the window and can then act as guy ropes, held by helpers from below.

The same precautions regarding lowering a person out of a window (page 232) should be carried out with extreme care. Such as examining rope for flaws or fraying; belaying rope round something strong in the room, and then holding it at a right angle; padding for friction is still as important, etc. Until proficient, a dummy should be used on the stretcher—this can easily be made with a sack well stuffed with straw and heavily weighted with a number of stones.

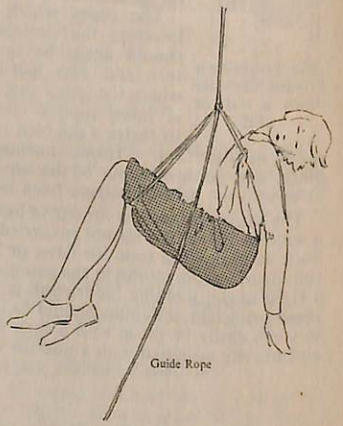



87—The Chair Knot

**The Chair Knot**

Pick up two loops, one on either side of the middle mark. Then tie these loops in a simple knot. Finish off the chair knot by slipping a half-hitch made on end (A) over loop (C), and another made on (B) over loop (D), as though tying a sheepshank. This prevents the loop from slipping. This can also be done by tying each loop round its standing part, and jerking the loop out straight.

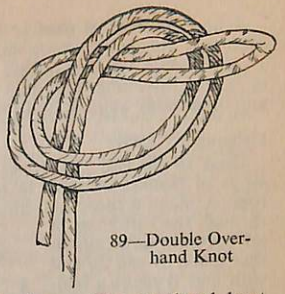
(Extract from *Hints on Girl Guide Tests.*)




88—Lowering an Unconscious Person in a Chair Knot



**Double Overhand Knot**



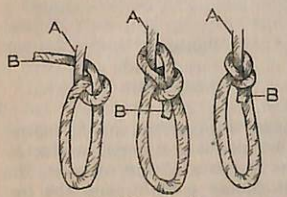
89—Double Overhand Knot

This knot is made by doubling the rope or cord and by passing it through either the overhand loop or the underhand loop. It can be used to tie two ropes together, and is excellent when the pull of both is in the same or approximately the same direction. It is not as good as, say, the fisherman's knot, when the ropes are to pull in opposite directions. The overhand knot will stand out at right-angles to the pull of the rope and thus weaken the amount of strain it will take.

This knot also provides a quick and easy method of making a loop which will not slip in life-saving. An advantage is that no mistake can be made in tying it. It is not as good as a bowline, however, as any great strain will make it difficult to untie, and it is less easy to adjust. It is used in mountain climbing and rescue work. The knot is exactly the same, whether it is making a loop or tying two ends of rope together.

**Bowline**

This is a loop that will not slip when completed. Make a bight the size required by laying the end B on the standing part A, as shown in diagram. Hold the two parts between the right thumb and finger and twist them together, so that a loop is formed on A with B coming up through it; then pass end B behind the standing part A and down through the loop again. Take A in the right hand, and B and the loop in the left, and pull tight (diagram 90).




90—The Bowline

A bowline may be used to fling to a drowning man; to drop to a lad requiring assistance while climbing; to lower a child from a burning house; to sink a rescuer into a well to save a drowning dog; as a lead for a collarless dog or any other stray animal; and for many other purposes.

**Fisherman's Knot**

Used to tie two wet ropes together, or to join rope, strips of blanket or sheet in rescue work. At the end of rope A make a loose half-hitch. Pass the end of rope B through the half-hitch in an opposite direction to that taken by end A, and with end B make a half-hitch round the standing part of A. Pull tight.

91—The Fisherman's Knot

## MESSAGE CARRYING

### How to Give Information and to Whom

**Types of Messages**

1. Accident witnessed and reported on.
2. Give oral report message.
3. Written message.
4. Message with interruption.
5. Jumbled message (picking out the vital points).
6. Telephone message.
7. Signalled message.
8. Message-carrying in unknown country.

**Compiling Messages**

Essential contents, e.g.:

| | |
|---|---|
| Doctor | Police |
| Ambulance | Fire brigade |
| Hospital | Next-of-kin |
| Express message | |

The construction of messages is important, and no matter what type of message is to be used it is essential to practise with a clear picture of the purpose of the message, the essential contents which it should contain, and the immediate action thereafter desired from the recipient.



**1. Accidents Witnessed and Reported on**

This type of message is one of the two which we most frequently encounter. We see the accident happen, or come first upon it, be it at home or outside, and it lies with us to obtain help. We must (a) keep calm, (b) use observation and deduction, (c) pick out the essential things needed and afterwards, in as few words as possible, send for assistance.

If the doctor is needed it is necessary that he should know where to come and the nature of the illness or injury, whether to grown-up or child, and, if it is urgent, such as in a case of bad bleeding, one should always say hæmorrhage, or if something is found broken—a broken leg, or severe burns. This gives him a clue as to what to be prepared to treat. For example, you hear savage barks, and a child screaming. You rush round the corner and find that your dog has flown at a small boy of six who was coming up your garden path with his mother. You shout to the dog, he lets go of the child and you see he has bitten his face badly—the skin is torn from his cheek and blood is pouring out of the sagging flesh. The mother falls fainting on the path.

Message for doctor: 'Dr. Snooker, Epping 1350. Jones, 9 Scuttle Road, Epping. Small boy bitten in face by dog.'

*Note.* There is no mention of the mother fainting. It is unimportant; she will come round. The vital thing is the dog-bite.

*Practice.* The estimation of the *vital* points to be given in an eye-witness message can be practised by the staging of accidents, where the 'accident' is arranged and the Rangers or Guides allowed to go and look while twenty is counted slowly. They then go away and write down the essential points that must be mentioned in the message in as few words as possible.

This can be done outside with cars, bicycles, pedestrians, horses and carts, haystacks, and many other ways; or inside with stairs, ladders, fire, windows, and so forth.

The eye-witness message can be either telephoned, written or given verbally, but in no case should 'frills' be allowed—such as unessential words, unnecessary details or descriptions.

### 2. Given Oral Report Message

Rangers and Guides should be able to correctly repeat a message given to them, and this can only be done with practice. When one hears a message for the first time it is imperative to get a flashlight picture of it in one's mind. Imagine oneself at the cinema and, as the message is heard, see it happening. Then the essential points will be easy to remember.

*Important.* There are two ways of practising this form of message (1) in which the receiver is expected to repeat word for word the message given, or (2) where *all* the vital points must be remembered, but unessential words can be omitted or changed.

*Example* (1). 'Tell Miss Gardner, the billeting officer at the W.V.S. Office, that Mrs. Green has six children: two boys and four girls, the eldest girl is 10½ and the baby three months.' *Essential points.* Billeting officer's name, and number of family, sex, and ages of children.

*Example* (2). 'There is no one in my house and you are the first person to pass on the road. Will you please take an urgent message to Dr. Timothy Tudorbaker of Little Langton, to ask him to come at once, as my husband has fallen downstairs and seems to have broken his leg.' *Essential points.* Doctor's name and address, name of people and address of house you were passing (which must be found out before leaving), man has broken his leg.

*Example* (3). 'Go to Idris Jones the chemist's private house, No. 19 Charles Street, and get:

2 lbs. of cotton wool, 1 doz. triangular bandages,
3 lbs. of plain lint, 1 Boots' Perfection bed-pan,
1 large bottle of Dettol, 2 doz. 3-in. roller bandages.

Take these to the First Aid Point, 108 Nelson Square, by 10 a.m.' *Essential points.* Addresses—street numbers, things required and quantities, any mention of time.

*Practice.* Start with short messages, not too difficult.

1. At some time in the company meeting give out the message, say, prior to drill or some enthralling activity that will absorb all interest. After this, require your message to be given out word-perfect.



2. Choose a quotation—perhaps on one of the Laws; read it at the end of the meeting. Ask for it to be memorised and repeat at the next meeting.

3. For individual practice, read a sentence in a book in the morning, and be able to write it down or repeat it correctly at night.

4. When going shopping errands write down to begin with; but train yourself so that soon you can remember without referring to your list, and ultimately you need make no list at all, because you can repeat everything without one.

Those who practise this will never be 'left behind', but will improve their powers of memory beyond belief.

### 3. Written Message

The uniform of Ranger or Guide is not complete without paper and pencil—why? One of the most important uses to which it could be put is in sending a message for help.

Where there is only a young or flurried, unreliable person as a messenger, it is important to write down any message you want to be taken or telephoned. Naturally, time is precious to you—you are hard at work and have little time to spare for writing. More than ever is it important to write down the essential points only. Neither have you time to pause licking your pencil and wondering how to get what seems a world of happenings into a few words. You can only do this if you have practised.

*Ways of practising.* (a) Listen to a long and garbled account, say, of a thief breaking into a house; then make a condensed report in a few words to send to the Police.

(b) Combine a written message with the eye-witness message previously mentioned at the beginning of this chapter.

*Taking notes.* In taking notes during a talk at company meetings pick out headings only and jot down so clearly that the talk could be reproduced from what you have written. Anything that takes the nature of condensing long reports or speeches, lectures or sermons is valuable training.

### 4. Message-Carrying with Interruptions

In no other form of message does common sense enter more than in this one. If a person is entrusted with a message

it is her job to carry that message through, and only if something that is more vital than the message itself crosses the messenger's path should she delay or pause even for an instant. Therefore it is the exceptional circumstances only for which she will stop. Furthermore, it is common sense which must be the guiding factor as to where duty lies.

For example, a person may be given a very urgent message, and on her way to deliver it she may be interrupted by incidents which are comparatively trivial compared with it; or again, she may be carrying an unimportant message where a slight delay in delivering it may not have serious consequences, and she may come upon very serious interruptions—surely then she should stop? Things are not always as easy as this. Sometimes there may be grave doubts in the messenger's mind as to what course she should pursue.

It is well for her to remember:

(a) Courtesy always—don't sweep the worries and anxieties of others who cross your path into the nearest dustheap just because you have a message to carry. Spare a word of advice to them if they ask it, or direction, and apologise for your haste, saying you have been given a message to deliver.

(b) Remember you are not the only person in the world. If you see anyone else about, hand the incident over to them, or advise your questioner to contact doctor, police, or whatever is suitable.

(c) Offer to return to help as soon as your message is delivered.

(d) In the case of a lost child or frightened person, take them along with you if need be.

(e) Always remember to use no unnecessary words as in other forms of message-carrying. Stick to essentials and don't be led away.

*Practising.* A message can be given to three or four messengers who start off from a given base at intervals. *En route* to point of delivery stage interruptions.

*Important message* (1). 'Fall of rock in Squilver Quarries has trapped three quarrymen; extent of injuries unknown, feared grave. Telephone Dr. Evan Jones, Bishop's Castle 1080, from nearest farm or telephone.'



*Important message* (2). 'Go to Report Post 187, Quantock, and report that the First Aid Post No. 7 is bombed; First Aid party killed, three ambulance drivers injured and in need of attention. There is an unexploded bomb in the cellar; all telephone communications down.'

Both these are obviously extremely urgent messages. Two or three of the following type of interruptions could be arranged during the course of the message.

1. A fussy and agitated lady ransacking her car for lost ignition key and urgently asking for help to find it, saying she has an important meeting to go to. Remember—courtesy, but pass on.

2. An oldish woman, sitting in ditch with umbrella up, frightened of air-raid, begs you to look after her, and take her home, as her beloved dog is alone in house. Remember—kindness, but pass on.

3. A man shouts to you that there has been an accident, your help is wanted. You already have an important job. Say you will send help, but pass on.

4. A woman rushes out of a house, talking of burglary. Advise her to telephone police from telephone kiosk, and don't pause in your run.

5. A frightened boy on roof. Send next person you meet back to him.

6. A woman lying unconscious in road. Whisky bottle may be found in handbag. Drag to side of road and leave.

*Examples of Unimportant Messages*

1. 'Go to the village nurse in Church Stoke and say that Willie Sims, of Orchard Cottage, Lea Bank, has come out in a rash and his Auntie wants her to call and see if it is measles.'

2. 'Go to W.V.S., 153 George Street, ask for Miss Evans. Seven more cooks are wanted for Community Feeding Centre at 6 Melville Street, to work in four-hour shifts, starting at 9 a.m. tomorrow.'

Neither of these messages is urgent enough to be affected by slight delay. Therefore, they can be classed in the category of the lesser important messages. Two or three of the following interruptions could be staged for the messenger to meet with on her way:

1. A man shooting rabbits, having fallen down a bank,

his gun has gone off, is shot in the arm—severe hæmorrhage. Stop and cope: remember, in cases of severe arterial bleeding a person dies within a few minutes if bleeding is not stopped.

2. A little boy has climbed a tree and is afraid to come down. Stop and get him down.

3. A horse caught in barbed wire with severe gash in its leg. Report at nearest farm on your route.

4. A roadside accident where people are injured. Stop and help.

5. A woman warning you to keep off the route you are following as a dangerous bull is loose on the road farther on. Go a longer way round, but still make for your destination.

6. Two tiny children playing on top of an overhanging cliff. Stop, ask where they live, get them to show you the way—tell their mother where you found them.

### 5. The Jumbled Message

Unfortunately, it does fall to one's lot sometimes to be given a confused message, or asked for help by someone who, either through nervous strain, hysteria, or because they are the type of person who goes off at a tangent on unessential details, and this makes our task very difficult indeed.

We must not allow ourselves to be led away, but, keeping quite calm, must pick out the essential bits from the jumbled story that we are given.

In dealing with someone who is overwrought or hysterical, remember action is the best cure and, instead of questioning her endlessly, get her busy—taking you to the place of the accident, looking with you for her lost child, fetching blankets, getting a fire going—and as you work you can unravel a sensible report to give to the doctor or police when they arrive.

*Practice.* Get a stranger to burst into the meeting, either in hysterics or dazed by shock, or simply incapable of giving a clear account of what is the matter by excessive detail. The Rangers or Guides can then deal with this confused message in whatever way they think best, remembering that the important thing is to get quickly to the vital points of the message. Handle the situation kindly but very firmly; then render what First Aid is necessary.

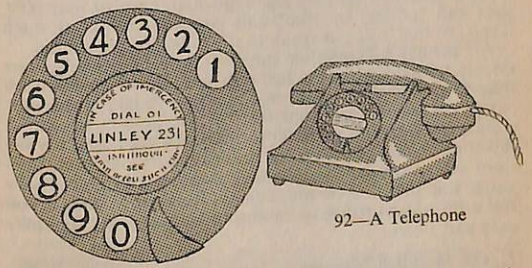


### 6. Telephoned Message

Unless you start using a telephone when very small indeed there is usually a very uneasy feeling inside you during the first few times you tackle one. It is no good waiting to overcome this when there is an accident to report. The combination of being worried about the message you have to give and how to use the telephone is the very thing to cause a bungle. Every Ranger and Guide, if they have never used a telephone, should start at once.

*How to practise.* Practice is needed in (a) using a private telephone, (b) a telephone kiosk where pennies need to be put in.

There are two main types of telephone: (i) where you lift




92—A Telephone

the receiver and ask the operator for the number you want, and (ii) where you dial the number yourself if on a local exchange, and, should you want to get a trunk call through or send a telegram, you dial 'O' or 'O1', whichever it tells you on the centre disc of your telephone. Your own number is also to be found on the centre disc.

Where you find letters as well as numbers, this means you dial the first three letters of whatever exchange you want.

1. After dialling the first three letters of the exchange you dial the figure numbers which you have looked up in the telephone directory; e.g. you are in London and want to 'phone Guide Headquarters, Victoria 6001. Lift receiver, listen for burring sound, put in two pennies, then dial

VIC 6001. When you hear someone speak, press the button marked 'A', and carry on.

2. Should you want a long-distance call, you dial the operator as before and have your sixpences and pennies ready to put in when she tells you, having first given the exchange and number required.

3. If something should go wrong, press button 'B'. It is all quite easy, and you can get your money back and start all over again.

Every Ranger and Guide should know the name and number of her local doctor, so that if she is called on to report an accident she need not waste precious moments looking it up in the telephone directory.

To get a policeman or report a fire in a hurry, lift the receiver and get the operator (you may have to dial 'O'), then call 'police' or 'fire' and you will be put through direct, so that you can speak to the police or fire station.

All further information can be found in the telephone directory; then with practice you will feel at ease with a telephone—reliability demands that you should master it.

Remember as you stand for the first time in the kiosk, wondering how in the world to manage—read carefully the directions again. Pick up the receiver, carry out all instructions and speak directly into the mouthpiece in an ordinary voice, not shouting or mumbling. Remember, too, if you feel a bit of fuss rising up in you to keep saying, 'It's quite easy and I can.'

### 7. The Signalled Message

Being able to understand morse is a very valuable asset indeed. In 1942 a crippled seaplane, unable to reach its base, came down on the water. Morse signals were sent ashore for immediate medical aid for the pilot and for mechanics. It so happened that in that neighbourhood no one could read the signals except one Ranger. She was rushed out and, because she could read the message, help reached the seaplane in time.

Again, in 1942 a spy was caught through the accurate reading of flashlight signalling by a girl of 12.

In 1938 the crew of a lost aeroplane, running short of petrol, were saved because someone was able to read the message they were signalling as they circled overhead,



'Where am I?' Rushing into a house and raising a mirror was the work of minutes. Then, by aid of the headlights of a car the message was flashed into the sky, 'Skegness'. The plane signalled its thanks and was able to make for the nearest aerodrome where it could land.

Again, over the wireless one night, when hunting for an indistinct station, an S O S from a ship was picked up. The person who received that message immediately rang up the Admiralty and was able to give the bearing, which enabled a rescue ship to reach the scene just after the liner had gone down, and rescued numbers of people struggling in the water.

There are reasons why it is very important indeed for as many people as possible to master this form of sending and receiving a message, and it is expected of those who wear the uniform of the Guides.

There is no point whatever in signalling in a room or anywhere where direct directions could be given at quicker speed by merely speaking or running. Therefore our practice should take the form of long-distance signalling or, if with a buzzer, from one room to another with proper connecting flex.

Signals can be read by morse flag up to one and a half miles with the naked eye, three miles with glasses, and three miles by light flashes. By semaphore up to three-quarters of a mile.

Immediately we start doing long-distance signalling we realise why procedure signals are necessary (of no avail to shout, 'I made a mistake, I'm doing it again'), and why one must guard one's light or one's flag against 'fake flashes'. Neither must one ever wag or show at all except when actually making letters.

Next, the composition of the message—cut it down to the minimum. It should be like a telegram, with as few words as possible. Practice can be given by quite a long description of an accident requiring help, or by the staging of an accident to be witnessed. Patrols can then race a message through, seeing who can get the help needed in the shortest time.

Another plan is to have a company code so that all messages can be shortened.

| | | | |
|---|---|---|---|
| cas | =casualties | hos | =hospital |
| Dr | =doctor | F | =fracture |
| A | =ambulance | H | =hæmorrhage |
| S | =stretcher | HQ | =headquarters |
| | | No M | =miles |

Then such a message as, 'There has been a train accident three miles south-west of Guide Headquarters. There are approximately thirty-five people hurt, including some with severe hæmorrhage and fractures. Please send for doctors, stretchers and ambulances and inform hospitals.'

This can be abbreviated in code as follows: 'V.E. Train acc 3 M. S.W. H.Q. 15 cas. H.F., send Drs. A. S., tell hos. A.R.'

If, however, the signal is to be picked up by someone who is not a member of your company and therefore does not know your company code, the signal must be greatly condensed and given in clear and few words.

Even in wartime the number of places where one is not allowed police permission to do long-distance signalling are far fewer than is generally supposed. Never, therefore, let us assume that permission is unobtainable without first asking, and we shall generally find that with the exception of a few districts, or with slight restrictions here and there, we can go ahead.

We need not wait to be expert to start long-distance signalling. In fact, it is the very best way of all to learn.

Let us signal a message whereupon a patrol must act, run at Scout's pace bringing necessary First Aid equipment, and deal with the accident, or crawl through smoke-filled sheds or houses to rescue people in the upper storey, lowering them, if need be, from windows.

Practise with a buzzer until a speed is reached that will enable the reader to pick up a relayed signal.

*Guide Signalling Badge.* It is of interest to note that it takes an army signaller approximately twenty hours to work up from scratch to the speed required to pass this badge.

The great thing is to learn morse and to learn speedily, for the conveying of urgent messages in cases of accident where First Aid work is concerned cannot be complete unless we make every attempt to master every way of getting assistance to people who are hurt, in the quickest possible way.



THE MORSE ALPHABET

*(The Signalling Leaflet)*

A (Able) d' dah
B (Baker) dah d' d' de
C (Charlie) dah d' dah de
D (Dog) dah d' de
E (Easy) de
F (Fox) d' d' dah de
G (George) dah dah de
H (How) d' d' d' de
I (Item) d' de
J (Jig) d' dah dah dah
K (King) dah d' dah
L (Love) d' dah d' de
M (Mike) dah dah
N (Nan) dah de
O (Oboe) dah dah dah
P (Peter) d' dah dah de
Q (Queen) dah dah d' dah
R (Roger) d' dah de
S (Sugar) d' d' de
T (Tare) dah
U (Uncle) d' d' dah
V (Victor) d' d' d' dah
W (William) d' dah dah
X (X-ray) dah d' d' dah
Y (Yoke) dah d' dah dah
Z (Zebra) dah dah d' de

*Tracking Signs*

Sign used to indicate 'Take this road'.
Sign used to indicate 'Do not take this road'.
Sign used to indicate 'Letter hidden six paces away'.
Sign used to indicate 'I have gone home'.

*Message by bicycle.* A bicycle should be kept in commission, and with unpunctured tyres, safe brakes and a good light, so that its owner can ride by day or night to carry a message should an emergency call reach her.

**8. Message-Carrying in Unknown Country**

Many people have died among the mountains because they have had an accident, and their friends have not been able to get help to them in time because they have lost their way, and it has taken a search party hours to find the place again where the accident happened. This is where our tracking signs come in, but remember always to put them not pointing the way you are going for help, but back to the scene of the accident, so that the rescue party will follow the arrows direct to the injured person.

It may be that it is the leader of your expedition who has been hurt; therefore, it is necessary for everyone to know how to use a compass and map and follow the stars, so that by night or day they can go for help if need be. Outside specialists can be asked to come and help with the training of the company in message-carrying, compass and map, signalling and stars.

# CHAPTER VI

# APPLICATION

## Some Ways in which First Aid and Rescue Work can be Introduced into Company Meetings

### INTRODUCTION

First Aid can be introduced into company meetings by various methods; the three most usual being probably: (a) *demonstrations*, (b) *lectures* (*practice*), and (c) *work in Patrols taken by Patrol Leaders*.

If (a) is the method chosen, only one or two demonstrations should be attempted at one meeting, and they should be held if possible just before Patrol time. Patrols can then practise in charge of their leaders, after which it is important that results should be checked and corrected. No speed competitions.

(b) The lecture method should only be used by someone who is experienced in First Aid work, and if the Captain feels that she is not competent herself she should ask a nurse or a V.A.D. or other qualified person to come and talk to her Guides. This will help the Guides to realize the importance of the subject. It is generally felt that where an adoption of the lecture method is used in Guide training it should take the form of short talks with practical work in the major part of the time available. We do not lecture to Guides as we do to a detachment of adults. This is why the word practice has been used in this book as a better way of describing our approach.

(c) The Leaders will probably need a good deal of extra coaching before they can instruct their Patrols in First Aid, as it is essential that they should have a sound and thorough knowledge of the work to be done. Here again it is very necessary to check results and correct mistakes. Special time for Leaders alone is advisable, indeed essential, unless they are well ahead of their Guides.





The following are some activities which may be found useful when the company is working at First Aid. They are merely suggestions, and each Captain should adapt them and think out others to suit the individual needs of her company.

1. **The Hat Trick.** Each Patrol writes a brief description of an accident on a piece of paper, which is screwed up and put in a hat. (If required, Guiders can also add contributions.) Leaders in turn draw out a slip—the accident must then be interpreted and acted by the Patrol, with required First Aid treatment.

2. **Calamity Evening.** Several Guides are given secret missives, whose instructions they must act during the evening (e.g. 'Faint during country dancing'; 'Fall on the path and cut your hand. Get it rather dirty (red ink from the table drawer may help you)'; 'Make the tea today and act that your clothes catch fire—rush screaming from the hut'. Any Guide who is about to be tested or needs to be given practice should be warned beforehand that she is responsible for dealing with any First Aid which may be required during the evening.

3. **First Aid in Camp.** Patrols are given five minutes in which to make a list of First Aid requirements for a Patrol camp. They should know how to use the things which they have mentioned, and points are given for the most complete list.

4. **An Individual Challenge.** To gain a badge such as the First Aid badge or Emergency Helper by a certain date may be taken up by certain individual Guides or by a Patrol of Guides who plan all to work up together. To work hard and race against time is often found to be much more fun than long and indefinite or spasmodic practising.

5. **Inter-Patrol Challenge.** One Patrol can challenge another in any section of First Class emergencies. Account should be taken of the Patrol Leader who uses the members of her Patrol for various purposes of which they are capable as well as the skill with which the more advanced play their part.

6. **Inter-Company Challenge.** An inter-company challenge can be given on First Class First Aid. The help of a detachment instructor or other outside expert as referee is a great help.

7. **What Will You Do?** Each Patrol thinks out some accident which will involve two injuries (e.g. bicycle collision resulting in a sprained ankle and cut arm; baby swallowing button and mother fainting with fright). Lots are drawn, and one Patrol acts accident while another applies First Aid. The Patrols not involved should watch and criticize, and after each scene there should be discussion on suitability of treatment given, etc. Each Patrol should have a chance to be both victims and First Aiders.

8. **A Stranger Needs Help.** Arrange for someone, if possible a stranger, to ask for help on the way to or from a Brownie, Guide or Ranger meeting. Alternatively, where environment makes this difficult, someone can come into the clubroom when the Guiders are 'away'.

9. **Message-Carrying.** Practice and emergencies (see page 244).

10. **Which Will You Use?** Each Guide writes on a slip of paper the name of one medicine, ointment or medical requisite (e.g. bicarbonate of soda, castor oil, elastoplast, etc.). In the case of a small company each Guide may write two names, but duplicates should be avoided. The slips are put round the clubroom. The Leaders are then given a list of accidents, e.g. 'A child falls down on a gravel path and cuts his knee'; 'A man breaks his arm falling out of a window'; and ten minutes in which to discuss with their Patrols which slips they need to deal with their particular case. If no antiseptic has been included among the slips, each Patrol should write down the name of a possible disinfectant. This is a useful way of finding out what First Aid equipment is likely to be found in the Guide's home, and during the discussion which should follow the reading-out of lists the Guider can often add many hints on what each child should be able to do according to her home circumstances. In summing up, the necessity for cleanliness should be stressed, and if possible a demonstration given of how to scrub hands with soap and nail-brush under running water.



Guides can afterwards practise this under the direction of their Leaders, and the Patrol with the cleanest hands picked to render First Aid.

11. **Guides in a Foreign Land.** Each Patrol is given two sheets of paper and some chalk. Leaders are called up and given either an explanation or sealed orders: 'You are a Patrol of Polish Guides who have arrived in this country, and who cannot speak or write one word of English. You come across an accident. Draw (a) a map of where this accident has happened, (b) a diagram of the accident, so that the doctor will know what to bring with him.' Ten minutes should be allowed for this, then papers changed with another Patrol. After another ten minutes each Patrol in turn should diagnose the scene of the accident given in exchange for their own and what has happened to the victims. They should then act in detail what they would do if they arrived first upon the scene. Watching Patrols should criticize the actors, and all mistakes should be explained and corrected. Message-carrying and telephoning can be included in this game.

12. **Life-line Throwing.** Life-line throwing is important to rescue work, and every First Class Guide must be able to throw a life-line well. As this needs practice, everyone should learn as soon after joining the company as possible, and inter-Patrol competitions can be arranged. Throwing a life-line makes a very good 'challenge-to-achievement' competition at company meetings.

Guides can make a declaration on the notice board of their life-line achievement. It might happen that at fifteen yards Captain could throw a life-line fifteen times in succession on to a stake without making a mistake, and that Lieutenant could do it twelve times. These achievements are signed, and the Leaders, Seconds and Guides strive to attain similar standards, or to do better.

When there is spare time in Patrol corners individuals can be occupied, on their own, in working at the company challenge. For methods of life-line throwing and diagrams, see page 202.

13. **The First Aid Knots.** The following are suggestions of how emergencies illustrating the use of the double overhand

and bowline can be framed for Patrol consideration and demonstrated on.

*The Double Overhand or Bowline.* Emergency (i) 'You are out on an expedition along a cliff walk, when you hear cries far down below—the cries of someone cut off by the tide and unable to climb the cliff. What will you do?'

After the Patrol have considered the matter, they will probably answer and be prepared to demonstrate the following: 'Look over the edge to see what the trouble is; lower a rope with a bowline or a double overhand, and so save them.'

These are some of the points that it is important for them to remember:

(a) It is unsafe to stand on the edge of a cliff, in case it is overhanging. They must lie flat and hook their heels under a weight, or get someone to lie across their legs while they look over.

(b) Where is the rope? Always there in theory, but seldom in actual fact. Where is the most likely spot to procure one? Having found it, what of the thickness? Is it really strong? If there are any whiskers on the warp (signs of fraying) it is not safe.

(c) What of the knot? Bowline or double overhand? Can they really tie it? And quickly? A life may be gone while they are trying to remember. Is it tight enough? (it is easy to slip out if the loop is too big.)

(d) Pad vulnerable areas: (i) If the rope has to pass over a stone or the sharp edge of a cliff, pad it with a coat or anything available so that it will not be cut. A double overhand loop for the hands to hold is the best. (ii) The knuckles, knees and elbows of the rescuer may bump if they are bare, or be grazed by the sharp rocks. Stockings pulled over the hands and doubled back over the knuckles form a good protection.

(e) Secure the rope with a round turn and two half-hitches to something strong and safe.

(f) Then it is necessary to think of man-power for pulling. If there is a tree or rock near and strong enough, pay out the rope round this to take the strain. Those holding the rope should be strong. They should lie back on the rope with their heels dug into the ground, and should pay out slowly (see page 00 for mountaineer's hold). If Guides



have run for a rope, a man may have returned with them, but he may not know the right knot to tie—that is the Guide's responsibility. If the person below is unconscious, then it is up to the Guide to go over the edge, for she knows how to tie the knot round the person below and, after he or she has been hauled up by the strong team above, she can tie the rope round herself when it is lowered again.

Emergency (ii): 'You wake in the night and find your cottage blazing. The flames have cut off mother and father's room and the staircase, and left you to save one small brother and two sisters. What would you do?'

These are some of the points that it is important for them to remember:

Soak handkerchiefs or any available undergarments and tie round everyone's mouth and nose to prevent smoke fumes. Knot sheets or blankets together (be sure that they are not rotten) with a fisherman's knot. Tie a bowline round heaviest sister, or a double overhand loop and slip it over her. Tie a second double overhand a little farther up, forming a small loop for her to hold. Be sure that the end of the rescue rope is fast round a bed-post or something strong, at an angle (see page 233). If there are people outside, throw down blanket so that this may be held beneath window. Send the smallest person last, as there will be only one left to hold the rope. Then the Guide goes down, hand over hand (see page 235). Learn mountaineer method of holding rope.

These suggestions for the safeguarding of emergencies are given rather in detail; the reason for this being that before we can really use these methods it is important for us to understand ourselves what precautions should be taken. The next step is to train our Patrol Leaders. After that comes the moment really to test out their knowledge of the knots used for rescue work in these ways with our companies. First Aid can be included in whatever incidents we may be enacting, e.g. treatment of burns, artificial respiration, etc., will be the follow-through of this.

14. **Where Past and Future Meet.** This is a challenge which can be given at Court of Honour and carried out when Captain is away. On her return a test should be arranged which will really demonstrate the Guides' methods of work-

ing in an emergency, and show them that their practice has been worth doing. The following are merely examples of the kind of written instructions which can be given to the Patrol Leaders.

(a) Do your Guides keep up the knowledge learnt for their badges so that they can be of real use when needed? (If you require outside help in practising First Aid ask your nearest Red Cross detachment for someone to come and visit you. If there is no detachment at hand ask the District Nurse, as she will know the helpers who staff the nearest First Aid Point.) What is the doctor's telephone number, and the number of his car?

(b) Can your Patrol produce a hot drink, indoors or out, in any weather and under any conditions, in less than twenty minutes?

(c) Can all the members of your Patrol use a telephone? If not, set about teaching them. There is a call box within reach of nearly every company.

(d) Can you all give clear directions for finding the way? Can you draw a really clear and helpful sketch map? Can you read an ordinary road map?

(e) How well do you know your own district? Go up different hills round about and see if you can identify the various farms and houses seen from them. (If in a town, try to get to the top of different buildings.)

(f) Have you thought out what you are going to do and the quickest way to get help in the event of an air-raid while you are having a Patrol or company meeting? If in doubt, your policeman or warden will tell you what to do.

(g) If there is a fire in your house, what is the quickest way of obtaining help? What are you going to do until help comes? Think out all these things, so that you are prepared for an emergency.

(h) Practise signalling. You never know when it may be useful for sending a message, or when a thorough knowledge of morse may not enable you to read a message for someone else.

(i) Think out all the emergencies you can, and practise them with your Patrol. The Guide motto is 'Be Prepared'; now is your chance to show what your Patrol can do. Train yourself and the Guides in your Patrol to keep steady and calm in all circumstances.



'Be prepared and don't be scared by difficult things to do,
To mend a leg or fry an egg is all in the work for you.'

15. Finally, here are suggested **Programmes for Three Company Meetings:**

*First Meeting*

Aim: to carry out the general principle of First Aid efficiently and with common sense.

Practice of arm-slings and ankle bandages (pages 133-135) in Patrols. Leader brings up a sample of both for Captain's criticism before instructing Patrol. (Common faults: sling too low below waist-line; hand allowed to dangle; foot not firmly supported at right-angle.)

While Patrols are doing this, Captain and Lieutenant prepare patients for car accident:

No. 1. Driver, in mufti. Broken right wrist (held stiff and hand turned in).

No. 2. Sitting in front seat, leaning forward. Dazed but not unconscious. Cut on temple (rouge line to chin, stained handkerchief held up); pale face (powdered).

No. 3. Injured ankle, swollen (wool under stocking); bruised knee, swollen.

Warning from Captain: 'Don't over-act; try to think it's real. Call out if moving hurts you. Shiver, but be helpful.'

Captain calls Guides together for final instructions in the use of the triangular bandage. During this time a stranger enters, supporting right hand and in evident pain. 'Please, we have had an accident; is there anyone here who can help us?'

Captain's warning to company: 'This is not a rag or a dumb charade. Don't rush the patients. Find out from them which movements hurst least. The Leader of the Swallows will take charge with her Patrol first. The others will watch. If they see a big mistake, they speak and carry on, and so on.'

*Correct Procedure.* Someone telephones to police. No. 2 treated first, supported under armpits to hall. Bleeding stopped by pad and bandage, patient reclining, with attendant to apply digital pressure over pad if necessary. No. 3: ankle bandaged, foot supported and at rest. Leg supported during removal from car. No. 1: arm in sling, supported by pillow or padding, bandaged on. All patients made as warm

and comfortable as possible. Hot drinks for Nos. 1 and 3, but only sips for No. 2.

Leaders now speak to one patient, then write down message they would send to doctor, garage, ambulance, police or any other destination, according to what they have decided to do.

*Correct Procedure.* Telephone to patient's own doctor, asking him to go to her home. Give short, clear account of patient's symptoms, not a diagnosis. Take patients to their own home in another car.

*Second Meeting.* '*Surgery Out-Patients*'.

Aim: *To deal methodically and efficiently with common wounds. Demonstration of how to prepare for the casualties.*

Spread a towel or clean newspaper as tablecloth. Make antiseptic solution from Dettol or other antiseptic in bowl. Use water from boiling kettle if possible. Make newspaper container (as paper cup, turning out corners to make it stand). See diagram 41. Roll up sleeves and scrub hands with soap and brush. Cut wool into small swabs, and old linen rags into dressings. Lieutenant and a Guide tear a yard of old calico into strips 1½ to 2 inches wide and roll into neat, hard bandages, secured by safety pins. Captain shows how patient should be seated—in comfort; and explains how no swab is redipped in solution after use, or dressings fingered unnecessarily. Dressings are placed in a cloth (wringer), immersed in the solution and wrung out (diagrams 46 and 47), removed by a corner and placed over the wound; covered with oiled silk or greaseproof paper, wool and bandage. If it is wrung out of boiling water it is called a fomentation; if not, a wet dressing. In both cases they help Nature to get rid of the germs. Captain gives out material to Leaders.

In Patrols. Leaders prepare their corners while Captain prepares the patients—one wound to every two nurses. No. 1 has tripped over camp frying pan, scalded her ankle (rouge) and grazed her knees (rouge and dirt mixed and rubbed in). No. 2, chopping meat, has chopped her thumb slightly, and the chopper in falling has cut her stocking, grazing her ankle (poison from meat and stocking (rouge) ). No. 3 has fallen, carrying a kettle, scalded her foot and grazed both hands (rouge). Patients are treated in Patrol



corners while Captain (as doctor) inspects the cleanliness of each wound, i.e. all rouge removed before the dressing is applied. Orders strong tea or bicarbonate of soda to be applied to the burns (never apply oil, grease or iodine—it prevents healing later).

*Third Meeting. Where speed saves life.*

Aim: *To deal with severe bleeding.*

In Patrols. Leaders with their Guides prepare bandages and swabs of clean cotton wool and rags wrapped in a clean towel or clean paper. Captain prepares patients by applying scarlet and dark red rouge and a handkerchief dripping with red dye (cochineal or water colour). No. 1 has cut head (wet hair) and concussion; is dazed; remembers nothing of accident. No. 2 has gashed thumb; later rubs lipstick outside bandage (fresh bleeding) and faints. No. 3 has cut on sole of foot. No. 4 has nose bleeding. Patients invent how it happened and shiver.

Captain's warning: 'Imagine that two of you are alone in this hall, and your friend rushes to you, bleeding; think out what you would do. Pretend nothing, except the accident, and instead of going out to telephone, Lieutenant will take a written message. Now stand in couples, near your corners, and remember the slogan, "Lay the patient down, raise the bleeding part, and apply pressure." A wad of clean cotton wool can be applied direct to the wound, and left on: it helps the blood to dry up. Stop panic; tell the patient that people used to be bled for their good.'

*Correct Treatment.* No. 1. Apply pad and bandage. Keep patient lying flat with towel under chin and bowl at side (she may be suddenly sick) until doctor comes.

No. 2. Gash should be held together for some minutes, then pad and bandage applied. Hand held by a sling at shoulder level, patient reclining.

No. 3. Patient lying down with leg propped up against back of chair. Pad and bandage.

No. 4. Reclining slightly in arm-chair, if possible, with basin, rags, wool at hand. Cold water and digital pressure applied outside nostril.

All patients should be made warm and comfortable.

Captain sums up. Always watch for bleeding to recommence. Fingers over the dressing are the best pressure

pads. Don't hurry with a bandage. No. 2's cut is still bleeding—hold hand high and lay patient flat, she feels faint. Press your fingers on both pulses, i.e. arteries supplying blood. (Guides all try to feel their own pulse.) Don't give hot drinks, but sips of very hot water revive patients. Captain explains fainting.

Re doctor. If bleeding is severe, 'phone patient's own doctor and, if out, the hospital. If the accident is to a stranger out of doors, 'phone police. Nos. 2 and 3 could be taken, lying in back of car, to the hospital. No. 1 must not be moved by Guides.

Guiders, when they have exhausted these examples, should prepare more of their own, working out the solutions (correct procedure), carefully writing them down. These records are often useful later to give to Patrol Leaders at a meeting when the Guider herself cannot be present. If in doubt on any point consult an expert and get your solution checked before going to the company meeting. If in the practice the Guides think of and use other methods sound and practical make a note of them as alternatives. Guides are often very quick and resourceful, and it is wise to encourage initiative, and good to have a choice of safe methods when available. But make sure of essentials. The accidents given in Chapter I, The Vital First Minutes, could all be worked through in this way. The warning about serious and intelligent work and the danger of 'speed' competitions should be remembered.

**Staging an Accident**

There are many contrivances, such as lipstick, red ink, and so forth, for faking things so that a staged accident or emergency may have some semblance to reality.

Nothing, however, makes a thing so real as a bottle of real blood obtained from a butcher, and dabbed on the victim and around the scene of the accident. This may sound a gruesome idea—it is!—but the whole purpose is not play-acting, it is to help Guides or Rangers to face the real thing, which is infinitely worse because this they know is an acted emergency. If they see a quantity of blood in a real accident for the first time they will be just as likely to faint as to be or any use; whereas having got over that in a



practice or test they will be more likely to take it in their stride and cope!

This is particularly recommended for Rangers; if it raises an honest-to-goodness faint there will be at least one real emergency to deal with!

*Note.* It is advisable to use butcher's blood fresh, and never to store it!

**To Remove Bloodstains from Clothing**

Soak in cold water, then wash with soap and water. If impossible to remove the garment, dab with cold water and sponge off with a rag or handkerchief as quickly as possible.

Blood will come out at once if wet, but if it is dry the stain is very persistent. If outside, use stream or pool water, do not wait to go home.

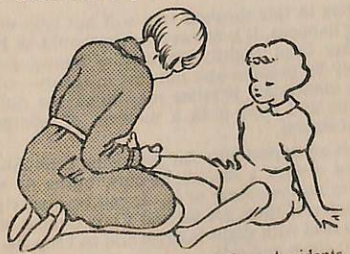
**To Remove Red Ink Stains from Clothing**

Soak in milk as quickly as possible; water will help, but milk is far better.

## MINOR ACCIDENTS

To acquire First Aid knowledge is one thing, to put it into action another, and unless the holder of a First Aid Badge can do this with quickness and common sense she brings discredit on the badge and the Association which awarded it.

This is the reason for Clause 6 of the First Aid Badge. These three minor accidents can be any small incidents with which the Guide has helped at home or at a school or on a



93—Be Ready to Treat Minor Accidents

hike, in a company meeting or in camp. It does **not** mean that she needs to have been involved in a big accident. The way to cope with small things is of equal importance. The First Aid for Second Class and First Class should be so thoroughly learnt and realistically practised that a Second Class Guide is really prepared to deal with cuts, burns and such things as the treatment of shock, at all times.

She should always carry at least a clean handkerchief and a tie or bandage, and if possible make or collect her own pocket First Aid outfit. Even those of us who have not yet helped with any accident can probably think of occasions when we might have done so if we had only known two things: (a) exactly what to do, and (b) the 'wherewithal' to do it with. So often a not too clean handkerchief or slip of rag is 'the only thing handy'. This is where a Guide's clean handkerchief (the inside fold against the wound) may come into service at any moment.

**Ways of Practising.** Guides should draw the line at imagining remedies which they have not got, or pretending that they have done something they have not. Examples of this are: the bandaging of imaginary cuts over stockings, sprinkling imaginary water over someone who is supposed to have fainted, using a grubby bandage next to a wound and pretending that a dressing is on first, bringing a hot drink which is either not a drink at all or is cold. The same with hot-water bottles. Doing jobs with dirty hands when it would be possible to wash them, and many other things of this kind.

Practising in this slipshod way will not help much if the real thing happens; it is so easy for the would-be First Aider to lose her head slightly unless she knows every detail thoroughly by practice and not just in theory—others, too, watching inadequate practice may think the right thing is being done and copy it in a moment of emergency with disastrous results.

Camp is an opportunity for practising First Aid, as there are almost always a few slight cuts, burns or stings and blisters during the course of it. It can be a very great help to the Guiders if there are Second Class Guides who can be trusted to deal with slight injuries and to keep the First Aid equipment clean and tidy.



In Chapter VIII of *Scouting for Boys* our Founder gives some very good advice about being prepared for accidents. He says: 'It is pretty certain that nearly every one of you Scouts will some day or another be present at an accident where, if you know what to do, and do it promptly, you may win for yourself the lifelong satisfaction of having rescued or helped a fellow creature.'

He then talks about being prepared by learning beforehand what to do, and practising different kinds of accidents. A bit later he says: 'But the great thing for you, Scouts, to bear in mind is that wherever you are, and whatever you are doing you should think to yourself, "What accident is likely to occur here? And what is my duty if it does?" You are then prepared to act.'

# CHAPTER VII

# CARE OF SICK ANIMALS


**Introduction**

**The Examination of Injuries**

**How to Improvise Muzzles**

**How to Give Medicine**
- (a) Liquid
- (b) Powders
- (c) Pills

to dogs, cats, ferrets, rabbits, birds, etc.

**Treatment for Dogs, Cats, Ferrets, etc.**
- Abscesses
- Bad cut or bite from fighting
- Broken bone (dog, cat, sheep, etc.)
- Canker
- Choking
- Constipation
- Cutting of animals' claws
- Diarrhœa
- Distemper
- Dogs with hysteria
- Eczema
- Fits
- House training
- Injured eyes
- Lice, fleas and ticks
- Mange
- Splinters in pads, and cracked pads
- Stings
- Tar on Paws
- Travel sickness

**Horses or Ponies**
- A lame horse
- A horse with colic
- Sores and rubbed skin
- Disinfectant to keep flies off an open sore
- Horse involved in an accident
- How to prepare bran mash

**How to Drench:**
- A pony or horse
- A cow
- A sheep
- A pig

**Ailments of Goats, Rabbits, Caged Birds**

**Emergencies**
- Animal in a bog
- Animal in a fire
- Animal stranded in floods
- Chaining animals
- Dogs with hysteria (page 00)
- Fighting dogs
- Leading a frightened animal
- Poisoning of an animal
- Poultry worrying
- Sheep worrying
- Sheep on its back

**Destruction of Animals**

**Prescriptions**
- Notes on prescriptions for general ointments, salves, or medicines




## INTRODUCTION

The following section is one with which no Ranger or Guide should express herself as unconcerned; even if she has no pets herself or there are none belonging to her family, she should be able to lend a hand with a stray animal, or help with one belonging to a friend.

Far too little knowledge is usually shown by people who would call themselves friends of animals, and most of the treatment of animals is handed on by hearsay.

A good deal of distress can be saved over even minor ailments if the right treatment is given. Just as in the case of getting a doctor for humans, whenever an animal is seriously injured or where the extent of the injury or the right treatment is unknown it is important to send for a veterinary surgeon, and his advice should be carefully followed.

These subsequent notes deal mainly with domestic pets, but mention is made of horses and farm animals for the use of those who have the chance of riding a pony or a horse, and for others who may live at or visit farms. Information can be found for the First Aid and ailments clauses in the Friend to Animals or Horsewoman Badge. Guides and Rangers who are specialising in land work and care of animals will find treatment for the most usual ailments in these notes.

Guides and Rangers should know the name and telephone number of the veterinary surgeon and the R.S.P.C.A. Inspector. They should know the correct procedure to be followed in circumstances such as the following:

(a) A stray dog. (Take it to the police station.)

(b) A stray cat. (Report it to the local R.S.P.C.A. officer.)

(c) Any injured or diseased animal or bird. (Find its owners and inform them, if this is possible. Where the owner is not known, take the animal to the nearest veterinary surgeon and inform the R.S.P.C.A. Inspector. The point being here that the R.S.P.C.A. helps over the recompensing of veterinary surgeons.)

(d) Where cruelty to animals is suspected (cruelty in any guise, such as starvation, beating, neglect, etc.) the matter should be reported to the Inspector of the R.S.P.C.A., who will respect the confidence given him

and give an experienced report on the animal after seeing it and its owners.

People are put in jail for serious cases of improper care of animals or for cruelty in dealing with their injuries; and with our 6th Law it is impossible in considering First Aid to the injured to put aside the Care of Sick Animals.

## EXAMINATION OF INJURIES

After injury it is essential that the animal should be disturbed as little as possible. The animal, in the course of the injury, has probably been either frightened or annoyed, and careless or rough handling may lead to a bite, kick or scratch.

1. **Cuts.** It is imperative to clip the hair over and around the wound and clean the cut with a warm solution of a reliable disinfectant (non-poisonous if it is where the animal can lick). See that the cut is not contaminated with dirt, hair or any other material. Where possible try and cover the wound to prevent recontamination and interference on the part of the animal. It should be remembered, however, that dogs as well as cats usually do not tolerate bandages.

Any major wound should be inspected by a veterinary surgeon.

It is well to remember that the most dangerous wound is of the punctured type, e.g. a cat bite. Lacerations or clean incisions, although perhaps being serious in themselves, carry a better prognosis.

When a wound has been inflicted, obviously the first step is to arrest bleeding by pressure over the site, and if it does not stop, the help of a veterinary surgeon should be sought.

2. **Bruises.** It is difficult to generalize in injuries of this type, and each case must be judged individually. Muscular bruising is the commonest type, and this is characterized by (a) pain on pressure, (b) tenseness of muscles, (c) swelling. Cold-water compresses will reduce contusion, swelling and pain.

3. **Fractures.** It is advisable that a veterinary surgeon should see all suspected fractures as soon as possible. It is best to allow the animal complete rest until the arrival of the veterinary surgeon, but if there is likelihood of long



delay the fracture of limbs in small animals can be placed in provisional splints made with rolls of newspaper or padded strips of wood, or wood bark. The splint must be long enough to enable the joint above and below the fracture to be secured. The splint can be tied on with strips of rag or bandages. Nothing should be tied directly over the fracture. The principles of splinting fractures is the same as it is for humans; for further suggestions see pages 117 and 137.

## MUZZLES FOR EXAMINATION OF INJURIES

**Dog.** For most breeds a muzzle can be easily improvised with a piece of bandage or tape. Tie the bandage around the nasal bones and underneath the lower jaw, carry the two ends backwards under the lower jaw, behind the ears, and tie off at the back of the head.

**Cat.** The bandage method cannot be used for cats since they are snub-nosed. A most useful 'muzzle' is a wire gauze that fits over a gas mantle. For average size cats this fits over the head very well.

**Ferret.** The bandage method can be applied by anyone accustomed to handling a ferret. Two rings are often permanently applied to the upper lips of ferrets to prevent biting.

## HOW TO GIVE MEDICINE

**Dog**—*Liquid*

1. Elevate the head slightly and gently pull one cheek outward so that a 'pocket' is formed between the cheek and molar teeth. The required liquid can then be poured carefully into this and allowed to run between the molar teeth.
2. Tasteless liquid medicine can be incorporated in the drinking water or in the food.

*Powders*

1. Open the mouth and place the powder on the tongue.
2. Incorporate the powder as an electuary in a little treacle and smear on the tongue.
3. Give in the food, or soluble powders in the drinking water.

*Pills*

1. Open the mouth and, holding the pill between thumb and forefinger of the right hand, place on the back of the tongue. With the forefinger gently push the pill down as far

as possible and hold the dog's mouth closed for a minute or so afterwards. Following this it is advisable to give the dog a drink of water.

2. Place the pill in a little meat, but a few points should be borne in mind:

(a) Only use this method when the dog is hungry;
(b) Give a number of small portions of meat;
(c) Give the portion of meat carrying the pill somewhere near the middle or end of the number of pieces.

**Cat**—*Liquid*

1. With the left forefinger and thumb on each side of the head, gently but firmly grasp the head of the cat and elevate slightly. The cat will of its own accord slightly open the jaws. Fluid can then be poured carefully between the jaws either (a) between the incisor teeth and canines, or (b) between the molars at the side of the mouth.

2. An assistant stands behind the cat and grasps both ears with forefinger and thumb of each hand. The ears are gently pulled backwards and downwards thus elevating the head, and the administrator gives the liquid as described above. Alternatively, pull the cat by the scruff of the neck through the sleeve of a coat, only passing the head through the cuff.

*Powders*

As for dog.

*Pills*

As for dog. Administration of pills is not so satisfactory for cats as for dogs.

**Ferret**

Administration of medicines to ferrets should only be carried out by persons accustomed to handling these animals. The broad principles apply as in the dog and cat, but wherever possible medicines should be given in food or water.

## TREATMENT FOR DOGS, CATS, FERRETS, Etc.

Many of the same ailments are found in different kinds of animals, and an understanding of how to treat them is necessary for their general health and well-being.

The following notes give indication of the treatment of some of the most usual troubles.



1. **Abscesses.** An abscess is a well-defined collection or pocket of pus surrounded by a fibrous abscess wall. Treatment for an abscess will vary according to the site on the body, but in general, hot fomentation is applied in order to speed up the rate of the inflammation, so increasing the amount and fluidity of the pus, and decreasing the thickness of the wall surrounding it. When the pressure of the pus overcomes the resistance of the abscess wall the abscess bursts, and with free drainage it heals. Hot fomentations may be applied by soaking the part in hot water, or by applying various poultices. The abscess cavity may be washed out with a warm weak antiseptic solution, e.g. Dettol or a warm salt solution (1 tablespoonful of common salt to 1 pint of water).

Where the tissues overlying the abscess are too thick to allow of bursting, the abscess must be incised or lanced by a veterinary surgeon and free drainage provided.

*Note.* Abscesses should not be confused with cysts; abscesses nearly always feel hot, inflamed, and are painful and may show evidence of bursting. Cysts have none of those signs. They are felt as hard lumps or swellings, and need medical attention.

2. **Bad Cut or Bite from Fighting.** Treat in broad outlines as described under 'Examination of Injuries,' page 272. When in doubt on a case, see a veterinary surgeon—a gaping tear may need stitches.

3. **Broken Bone.** See page 272.

4. **Canker.** Much is written and taught regarding canker of the ears in animals, and it is quite impossible in these short notes to say anything but the outline of treatment. Canker is a catarrhal type of inflammation of the mucous membrane and glands lying deep in the external ear. Depending on the type of canker, different types of discharge are seen. When canker is present the animal shakes its head or scratches the affected ear or ears, which only serves to aggravate the condition. Ninety per cent of the cases of ear canker of cats is not a catarrh of the ears but a form of mange, and should be treated as such.

*Treatment.* On no account should the ear be cleaned out with dry cotton wool on a forceps or probed. This irritates the perhaps already inflamed ear, and aggravates the condition. Where such discharge is present it is better to pour

a little olive oil or castor oil or liquid paraffin in the ear and float all the discharge up, which can then be wiped out. These emollient substances also serve to soothe the mucous membrane of the ear. Where the discharge is pus-like, a weak peroxide of hydrogen solution may be used to clean the ear. Where the discharge is wet and serum-like, the introduction of astringent powders may be desirable. Each case must be judged on its individual need, and treatment applied accordingly. All standing cases of canker do not yield to medical treatment. The only alternative is an operation which serves to provide adequate drainage for the discharge. A veterinary surgeon can advise on this. A prescription which has been successful in even obstinate cases of canker can be found on page 303.

5. **Choking.** Choking occurs most frequently in dogs and cats. True choking is an obstruction of the throat or œsophagus by a foreign body.

*In dogs* the commonest cause of choking is an irregular piece of bone, which is very often a chop bone. The bone may become wedged anywhere in the œsophagus, but the commonest sites are (a) at the entrance of the œsophagus to the chest, (b) at the entrance of the œsophagus to the stomach. Other, but far less frequent causes are: needles, pins, hairpins, etc., usually stuck in the throat.

*In cats* the commonest cause of choking is a needle or hairpin stuck in the back of the mouth or in the throat, and is more commonly seen in playful kittens.

*Symptoms.* The animal makes persistent vomiting and retching movements, bringing back varying quantities of mucous. Often he is unable to swallow. If the obstruction is far down the œsophagus the animal can swallow, but if a portion of meat be given this passes down as far as the obstruction and is vomited back again. If the obstruction is in the throat or neck region it can often be felt.

*Treatment.* None is recommended for the lay person. Choking in animals is a serious condition, and a veterinary surgeon should be called in. Failure to dislodge the obstruction very often may mean a major operation, opening up the œsophagus and removing the foreign body.

6. **Constipation.** Before treatment can be applied the actual cause of constipation must be ascertained. It is frequently one of the symptoms of some other condition,



and a veterinary surgeon, on examination of the patient, should be able to decide whether this is the case. Where constipation is a symptom of a disease, the disease itself should be treated.

Other causes of constipation are:

(a) Feeding excess dry food and too little liquid. Feeding large amounts of bone, which can be crushed and swallowed, often leads to constipation in dogs.

(b) A foreign body in the rectum. In this case it is painful for the animal to pass fæces, and therefore he makes no attempt.

(c) The rim of the anus may be inflamed, as from an anal gland abscess, and here again no attempt is made to pass fæces. In the above two cases the help of a veterinary surgeon should be sought.

(d) In some dogs (e.g. Pekes and Poms) and in cats, especially Persians, hair becomes matted over the anus, preventing bowel action.

Each case should be judged individually, and when the cause has been ascertained treatment can be applied. Examination by a veterinary surgeon is always advisable.

*Treatment*

(a) A course of a mild laxative should first be given, and liquid paraffin is the drug chosen, giving 1 to 2 tablespoonfuls twice daily according to age and size.

(b) Mother having mastitis or inflammation of one of the mammary glands when suckling puppies.

(c) A better procedure is to put $\frac{1}{4}$ to $\frac{1}{2}$ a teaspoonful of Epsom salts in the drinking water each day, or to give 1 teaspoonful of milk of magnesia on three mornings of a week to the average-size fox terrier.

(d) A more drastic treatment is to give 1 tablespoonful of castor oil to the average fox terrier. It should not, however, be given to animals which are already vomiting. Castor oil is nauseous and this only aggravates vomiting.

(e) Give plenty of water and plenty of exercise.

(f) Withhold the cause of constipation.

7. **Cutting of Animals' Claws.** Most dogs, given plenty of exercise on hard roads, keep the claws well worn and therefore do not need them cut. Dew claws, however, often grow very long and sometimes even back around into the

skin. (Dew claws serve no useful purpose, and can easily be removed from puppies a week old.) Claws should be cut with special clippers, and should not be cut too near the quick or sensitive structures inside the claws. If cut too close it gives the animal unnecessary pain and leads to bleeding (which can sometimes be very persistent) from the cut end.

8. **Diarrhœa.** As in constipation, the actual cause of diarrhœa should first be ascertained. It is frequently a complication of other disease conditions such as distemper or nephritis in old male dogs.

The advice of a veterinary surgeon should always be sought in persistent cases of diarrhœa or where other symptoms may lead an owner to suspect a more serious condition.

Causes of simple diarrhœa may be:

(a) Suckling puppies, whose mother has mastitis or inflammation of one of the mammary glands.

(b) Puppies badly infested with round worms.

(c) Dogs, cats, foxes or ferrets suffering from a food poisoning such as eating putrid fish, flesh, or other garbage.

(d) Poisoning by chemicals, e.g. arsenic, lead, rat poison, etc.

(e) After treatment by drugs for constipation when excess is given or carried on for too long a time.

*Treatment*

(a) Ascertain the cause. If a symptom of a disease, treat the disease as a whole.

(b) Give intestinal astringents, such as chalk, lime water, kaolin powder, tannic acid, tincture of catecha, chlorodyne, etc., all in suitable dosage.

(c) Withhold the cause of diarrhœa.

9. **Distemper.** This is another vast subject and cannot be adequately dealt with in these notes.

Distemper is a virus disease affecting dogs and ferrets. The virus attacks all mucous membranes of the body and often the nervous system. Dogs of all ages may be attacked, but more commonly dogs under two years old. Dogs once recovered have a long-lasting immunity.

*Symptoms.* At first there is a high temperature and the animal loses its appetite. The eyes may be dull and look inflamed. The nose also may be dry and hot. Generally,



but not always, this may be followed in two to three days by a thick purulent discharge from the eyes and nose. Simultaneously there may be coughing, vomiting and diarrhœa, or any one or combination of these symptoms. Death may follow from pneumonia or severe diarrhœa, but with treatment dogs show improvement in ten to fourteen days. Nervous complications such as fits, hysteria or chorea (St. Vitus Dance) may follow.

*Treatment.* Good nursing is the essence of good treatment. In early stages a veterinary surgeon can inoculate anti-distemper serum with excellent results, but when the disease has been two or three days established the value of this treatment rapidly diminishes.

Eyes and nose should be kept scrupulously clean of discharge, the eyes being irrigated with a solution of boracic acid. Vomiting and diarrhœa should be treated by giving such sedatives as chalk, kaolin, bismuth, carbonate, chlorodyne and feeding on milk and milk foods. For an average-size fox terrier a suitable prescription for an intestinal sedative is given on page 303.

If pneumonia be present, M. and B. tablets should be prescribed, giving two as the initial dose and one every eight hours.

Chorea should be treated as for hysteria and fits as follows:

10. **Dogs with Hysteria.** The true cause of hysteria is unknown. It has been associated with teething and worms in puppies, but its true significance is unknown. Highly bred, not necessarily in-bred, dogs seem more susceptible than mongrels, and spaniels are common subjects of hysteria. It is a frequent complication of distemper, and in these cases the cause is unknown; the distemper virus actually attacks the nervous system, and hysteria, fits or paralysis of the hind limbs may result.

Symptoms are generally well-known—chaotic galloping about, howling and barking. Consciousness, however, is never lost. If the dog is away from home he will always bolt for home. Sometimes the animal hides under a low chair, couch or dresser, and appears very frightened. An attack leaves the animal in an exhausted state.

*Treatment.* In some cases the onset is preceded by well-

marked symptoms. The dog looks anxious, smacks his lips, licks his mouth, or may show a swaying action of the head. This is the time to administer two 5-grain aspirin tablets and place him in a room with diffuse light and given absolute quiet. On no account should the animal be petted or excited in any way.

In most cases, however, no early signs are seen. When a dog is in a hysterical mood do not attempt to handle him or administer any pills or medicine. If possible, isolate him in a diffuse light, and leave him alone. When the period is over, two aspirin tablets or bromide tablets may be given, but again be very wary when the animal is in this dazed condition—he may snap or bite, not viciously, but purely apprehensively.

When hysteria is recurrent and frequent in a dog see a veterinary surgeon, he may decide to place the patient on an extended course of nerve sedatives.

If need be, treat for worms.

11. **Eczema.** Although we know exactly what eczema is, the true cure of it has yet to be discovered. Many theories have been initiated, but as yet they are merely theories.

True eczema may be described as a condition of the skin where small vescicles or water bladders are formed. Sometimes these may be so small as to be unnoticed. They are, in fact, very similar to small blisters. Following this vesicular stage, one of a few things may happen:

(a) The fluid in the vesicles may be reabsorbed and the over-lying cuticle scale off as scurf. Such a condition is known as dry eczema.

(b) The tiny vesicles may burst, liberating the fluid, and whole areas of the skin may be found wet. Such a condition is known as wet eczema.

(c) One, two or more tiny vesicles may converge into one large vesicle, and this gradually gets filled with a pus-like material, the whole resembling impetigo. Such a condition is known as eczema impetiginoides.

(d) After the vesicles burst, pus-forming bacteria on the skin cause an inflammation and pus formation. The animal may bite or scratch the area, since it is very irritable, which only aggravates the condition. Whole areas of the skin



may become covered with pus, and the hair, if not actually shed, becomes matted in the pus.

Of these types, (b) and (d) are most frequently found. Dogs suffer from eczema, especially the terrier breeds. Of these the Aberdeen terrier (commonly known as the Scottie) is notorious for eczema. Cats suffer from a so-called fish eczema. Cats near big fishing ports fed almost wholly on fish develop the dry eczema, and sometimes even small scales are formed.

Eczema, as distinct from mange, is always sudden in onset and a common site in dogs is on the back, at the root of the tail, it often being associated with an abscess or impaction of the anal glands.

*Treatment.* Depends on the type. In all cases the hair should be closely clipped over the site. The animal may be suffering extreme pain as this procedure is carried out, and in these cases it is as well to administer an anæsthetic, since the initial dressing of an eczematous lesion is the most important and should be done thoroughly.

Where a dry eczema is encountered an oily emollient such as olive oil or liquid paraffin can be applied. Rape oil is another good preparation. With these it may be deemed advisable to incorporate oxide or carbonate of zinc, flowers of sulphur, boracic acid powder.

In wet eczema, powders alone should be used with the intention of drying up the lesion. Of these the ones mentioned above are quite suitable.

Where extensive areas of pus are present the areas should be first washed with a warm peroxide solution, dried, and dusted with any of the powders mentioned above. The writer has in certain cases had excellent results with dusting with sulphanilamide powder.

When external treatment has been applied, an attempt should be made to treat internally. The bowels should be kept open, a mixed and varied diet given, plenty of exercise and water, and a course of general tonics such as arsenic, etc.

12. **Fits.** Like hysteria, the true cause is unknown, and it has been associated with worms and teething. As in hysteria, dogs of all ages are affected, and it is a frequent complication of distemper.

*Symptoms.* The animal suddenly loses consciousness,

drops to one side, commences making pawing movements with both fore and hind legs, champs the jaws and foams at the mouth. This may last for a varying time, but usually only a few minutes, and the animal regains consciousness and appears very dazed and exhausted. Occasionally warning may be given of an impending fit, but not usually.

*Treatment.* Is similar to that for hysteria. On no account attempt to handle a dog in a fit. Where fits are frequent, the help of a veterinary surgeon should always be sought, and a course of barbiturate nerve sedative may be advised. Many veterinary surgeons report that they have had excellent results in the treatment of hysteria and fits by placing the animal under nembutal anæsthesia and maintaining it for eight to twelve hours.

13. **House Training.** Demands much time and patience on the part of the owner. He should be firm but gentle, and a most important factor is the provision of regular meals, given at the same time each day, followed by exercise. Plenty of exercise in itself will induce good house training.

14. **Injured Eyes.** Treatment depends on the extent and nature of the injury. Except for the simplest of injuries, such as a gentle direct blow, cat scratches of the lids, etc., injured eyes should be examined by a veterinary surgeon. Eyes are of such importance that the least slip or mistake in treatment may lead to partial or even complete and permanent loss of sight.

Irrigation with a boracic acid solution (½ teaspoonful of boracic acid crystals to ½ pint of distilled or sterile water) is a good procedure in simple injuries. Where the lids have been cut or scratched an application of golden eye ointment is good treatment, but when any serious condition exists the help of a veterinary surgeon should be sought first.

15. **Lice, Fleas and Ticks.** *Lice.* Dogs and foxes are the most frequently infested subjects. Cats are rarely infested, there being no definite cat louse. There are two types of louse in the dog: (a) the sucking louse, (b) the biting louse. The former lives by sucking blood, while the latter live on the epidermal scales of the skin. The former is therefore the most vicious parasite, but both types cause constant worry and discomfort.



Lice are found on any part of the body, but especially on and near the head and ears of the long-eared breeds, such as spaniels. Moreover, it is well to remember that though dogs can harbour horse lice, or ox lice, etc., it is only dog lice that can breed and multiply on dogs. Horse and ox lice may live for a few days on a dog, but will eventually die. Similarly, humans can harbour dog, horse, pig or ox lice, but only temporary discomfort is caused.

*Treatment.* Lice lay eggs, which are attached to the hairs of the host by a mucilaginous cement substance. The eggs are a creamy-white in colour, called 'nits'. These hatch in seven to ten days into the larva form of the louse. These in turn moult twice to form the adult louse. Bearing this in mind, treatment should be on the following lines:

(a) The whole of the dog should be thoroughly combed with a tooth-comb and all matted hair disentangled. Thousands of lice may be trapped thus, and they should immediately be killed.

(b) Where the hairs are grossly infested with eggs it may be good procedure to clip the animal, thus ridding it of most of the lice and the eggs which would hatch out later.

(c) The animal should be bathed in a reliable insecticide, derris powder has been found to be the most effective, used in the strength of 1 oz. per quart of warm water, and applying plenty of soap while bathing. The animal should be rinsed in the bath water and the derris allowed to dry in the coat. Crude paraffin oil (1 oz. per quart of soap emulsion) is efficient, but is dangerous. Pyrethrum has also been used. Carbolic acid in soap emulsion in suitable strength is also efficient.

(d) Repeat bathing at seven- to ten-day intervals until no lice eggs are seen on the hairs. No drugs will kill the eggs until they have hatched as larvæ.

(e) Prevent reinfection from other animals of the same species.

(f) Where bathing is impossible because of age or temperament, derris dusted into the coat is quite effective.

(g) The proprietary preparations such as Keatings, etc., all have their uses, but each insecticide must be a reliable and potent one, but non-poisonous to the animal.

*Fleas.* Dogs, ferrets, cats and foxes all suffer from fleas. The dog flea can live quite well on a cat or human, or vice versa. All fleas live by sucking blood, and unlike lice, the whole life history is not spent on the host. Adult females usually drop off and lay their eggs in the dust or dirt of a basket, rug, or kennel; or the female lays its eggs on the host, and these, lacking the cement-like fixative of lice eggs, drop off to the ground. Fleas have powerful legs adapted for hopping and rapid movement, and are therefore found more widespread over the host than lice.

*Treatment*

(a) Good and frequent grooming is essential, and many fleas are caught thus.

(b) Bathing, as for lice, at ten- to fourteen-day intervals.

(c) Attention should be paid to a dog's basket, kennel, rugs, chairs, furniture, etc., where fleas or the larvæ and the eggs are found. The use of a Hoover or other suction cleaner is invaluable in this respect. Rugs should be well beaten and hung out in the sunlight. Kennels should be scrubbed out with a reliable disinfectant and set out in the sunlight to dry. Leave vacant for seven days. If these measures are rigorously carried out reinfection from surroundings is prevented.

*Ticks* are normal parasites of cattle and sheep, and animals most infested apart from these are dogs in and around farms. Usually only a few are found on a dog, but occasionally there may be many.

*Treatment*

(a) Individual ticks should be sought for and removed from the animal. Sometimes it may be difficult to remove them. In these cases the mouth parts of the tick are buried in the skin in the act of sucking blood. Pulling the tick may lead to tearing of the tick away from its mouth parts, which remain embedded in the tissues, and these sometimes cause abscesses difficult to treat. Where ticks are difficult to remove it is better to cover the tick with a drop of oil or chloroform and allow it to release its hold, and it can then be removed and killed.

(b) Bathing as for lice and fleas is effective.

(c) Prevent reinfection from land or other hosts.



16. **Mange.** Once again this is a subject of such magnitude that only an outline of treatment can be given.

Dogs, cats, and foxes, horses, cattle, sheep, pigs, goats and rabbits are all subject to mange. It is caused by a definite mange mite, and depending on the family and genus of mite, so we have the different forms of mange. Thus dogs suffer mostly from sarcoptic mange and follicular or red mange.

Cats suffer mostly from sarcoptic mange, a head mange, and very commonly an ear mange, which is the cause of the majority of the canker in cats.

*Symptoms.* An intense and persistent skin irritation in small area or areas which gradually increase in size. In the dog they are most often seen on the head and ears, inside the fore legs, on the abdomen and on the back of the legs above the hocks. In long-standing cases lesions may extend over the body. The hair falls out, the skin may become scaly or even be rubbed raw, and may show evidences of pus formation.

Cats suffer likewise, and the ear mange is a typical canker with a blackish-brown discharge.

*Diagnosis.* Where mange is suspected, a veterinary surgeon should examine the animal. Certain types of mange, especially sarcoptic, is communicable to humans. Diagnosis is based on history, appearance of the lesions, and demonstrating the mite in skin scrapings.

*Treatment.* The well-recognised treatment is the application of sulphur in some form. This may be 1 oz. of flowers of sulphur in 7 ozs. olive or rape oil; or sulphur ointment; or sulphur soap, bathing the patient with the soap. Flowers of sulphur dusted on to the parts seems to be of no value in treatment. The frequency and extent of application will depend on the severity of lesions and a veterinary surgeon can advise on this. As a general rule, however, it should be remembered that:

(a) Where lesions are widespread it is a dangerous procedure to apply an oily dressing of sulphur to the whole body of a cat or dog at one time. A better procedure is:

First day, dress head and neck;
Second day, dress fore limbs;
Third day, dress chest and abdomen;
Fourth day, dress hind limbs.

In every case rubbing the dressing well in.

Miss for four or five days and repeat as above.

(b) Treatment for mange is a long-drawn-out affair, and should not be discontinued except on the advice of a veterinary surgeon.

17. **Tar on Paws.** Mainly seen in the hot summer months when tarred roads become molten and sticky. Paws should be cleaned with a small sponge or rag soaked in ether or oil of eucalyptus. All tar should be removed, especially in between the toes.

18. **Splinters in Pads, and Cracked Pads**

*Splinters.* Obviously the first step is to remove the splinter. The animal may be showing evidence of pain and the affected paw is carried. The pad may be so painful that the animal allows no interference. It may be necessary to forcibly restrain the animal for a moment or two while the splinter is being removed. Where handling is impossible it may be necessary to give an anæsthetic. Fine tweezers or forceps are most useful for removal. On no account should a splinter be allowed to remain embedded longer than possible. It becomes embedded more firmly and may cause pus formation. Following removal it is usually sufficient to bathe the paw for a few minutes in some diluted disinfectant. Where the splinter is deeply embedded a simple operation may be needed to remove it.

*Cracked Pads.* Are best treated by applying oily emollient dressings, such as olive, cod liver, or rape oils. Zinc ointment, vaseline, etc., all have their uses as well. Dogs suffer mostly from this, especially those accustomed to running or playing on sands or beaches.

19. **Stings.** Are not very frequent in animals, due to the adequate coat of hair which acts as a good protector. They may be divided into: (a) bee stings, (b) wasp stings, (c) adder bites (seen mostly in country and game dogs in the late summer and autumn). They occur most frequently about the muzzle and eyes.

*Bee and Wasp Stings.* As soon as possible after the animal has been stung clip the hair around the site and attempt to remove the sting barb plus its poison sac by gentle pressure round the site of the sting. Following that, apply hot fomentations or soothing lotions; a judicious and prompt



use of a 'blue-bag' is a useful measure. Generally, wasp and bee stings are not serious in animals.

*Adder Bites.* Occur almost invariably around the eyes and muzzle. Marked swelling occurs, in the centre of which can be found three minute punctures arranged in triangular fashion. The area should be clipped of hair and bathed with warm water with a little Condy's fluid, followed by the application of some soothing lotion such as calamine lotion or some zinc ointment. Repeat twice daily. A veterinary surgeon may decide to inoculate with a serum.

Nettles do not seem to affect animals. The so-called nettle rash is not a rash, neither is it caused by nettles. It is an urticaria of the skin, the cause being unknown.

20. **Travel Sickness.** Occurs mostly in dogs taken for car rides. Symptoms are brought about not by local action on the lining of the stomach, but by an upset of the equilibrium of the canals of the internal ear and by the reflex action on the brain. This reflexing nervously irritates the wall of the stomach, and vomiting results.

*Treatment.* Half an hour before the animal is due to set out, 10 grains of chloretone may be administered in gelatine capsules. This acts as a local sedative to the stomach, and centrally as a general nerve depressant. Generally this treatment gives good results.

## WORMS

Worms may be divided into (a) round worms, (b) tape worms.

**Dogs.** Dogs are infested with a number of species of round worms, but the most important from a harmful point of view are the ascarid worms affecting puppies from one to sixteen weeks of age. The puppy looks unthrifty, pot-bellied, may have a ravenous appetite, or may sometimes be off food altogether.

*Treatment.* Twelve hours' starvation, followed by a dose of oil of chenopodiu. Puppies may be born with worms, but those over four months seem immune to the ill-effects of round worms.

*Tape Worms.* These are found in older dogs, and here again there are a number of species. If only a few are present

they cause little or no ill-effects, but if the dog is infested they may cause emaciation or wasting of the animal, a dull, stary coat and general unthriftiness.

*Treatment.* Twelve hours' starvation, followed by the administration of areca nut, arecoline, or one of its preparations, in suitable doses according to age and weight of the dog.

**Cats.** Cats suffer from round worms and tape worms.

*Round Worms.* The most important are the species of olulanus, or the stomach worm of cats. Cats are sometimes so grossly infested that they will repeatedly vomit the worms, which look like very fine pieces of thread, about ½ to ¾ inches long.

*Treatment.* Treatment is twelve hours' starvation, followed by the administration of kousso or oil of chenopodiu.

*Tape Worms.* As for dogs.

**General Notes on Worms in Animals**

1. The ill-effects of worms in animals are often over-rated, and a malaise of a dog or cat is frequently assumed to be caused by worms, where more often than not it is a totally different condition. A veterinary surgeon is in the best position to judge. There is a great difference between an animal carrying worms and an animal suffering from worms.
2. Starvation previous to the administration of the worm powders is important. The bowels are more empty and so allow the drug to attack the worms more easily.
3. Liquid paraffin should not be administered before worming. This coats over the worm with a protective film, and they are then resistant to the action of the drug.
4. The dosage should be accurate, and owners are well advised to adhere to the dose recommended.
5. Dosing should be repeated in seven to ten days.
6. It is most important to prevent reinfection, a veterinary surgeon can give advice on this point; e.g. eggs of some tape worms are carried by fleas, and dogs can become reinfected by biting or eating fleas which it carries. An obvious procedure, therefore, is to treat the dog for fleas if he has any.
7. Following worming it is important to provide generous and wholesome food for the dog.





**A Lame Horse.** Causes of lameness are too numerous to mention in these short notes, but one of the commonest causes is a pricked foot. In any lameness of a horse the foot should always be thoroughly examined.

In many cases it is obvious which limb the horse is lame in, but not always. A horse is generally lame in one limb only.

*Fore Limb Lameness.* The horse lifts its head when the lame limb is brought to the ground, and nods his head when the full weight of the body is placed on the sound limb.

*Hind Limb Lameness.* The hip of the lame limb is elevated as the lame limb is brought to the ground. This may be seen by observing the horse from behind while it is being walked away from the observer.

Occasionally the horse may become lame in more than one limb. Diagnosis becomes more difficult and should be left to a veterinary surgeon. Having ascertained what limb is affected, the seat of lameness (i.e. where in the limb) must be diagnosed. The foot should always be examined, and if there are any obvious nails penetrating the sole these should be removed. Any wounds of the foot or legs should be washed and an injection of tetanus antitoxin given by a veterinary surgeon. Further than an examination of the foot, a veterinary surgeon should be consulted to ascertain the seat of lameness and apply appropriate treatment.

**A Horse with Colic.** Colic is merely a word to signify abdominal pain, and the causes of abdominal pain are many and varied, treatment varying with the cause.

Colic in a horse is usually easily diagnosed. He may crouch a little on the hind limbs, paw or scrape the ground with one of his fore limbs; he may look anxious or wild around the eyes and look round at his flanks. In bad cases the horse may lie down and roll in pain and break out into a cold sweat. As a general rule the pulse is elevated (normal pulse of a horse equals 40 per minute), and the higher the pulse rate the worse the case. Symptoms vary with each type of colic, and it is impossible to generalize in a few short notes.

*Treatment.* A veterinary surgeon should always be sought,

but in the meantime while waiting for his arrival it is advised that the horse be *walked* about constantly (not run or galloped).

**Sores and Rubbed Skin.** The commonest cause of these is badly-fitting harness, e.g. collar galls, saddle galls, chafing by girths. Where the hair has been rubbed off and the skin merely chafed, the lesion is called a scald, but where the skin has actually been wounded or cut, it is called a gall.

*Treatment.* The horse should be kept idle and no harness applied. If the lesion is a collar gall the horse may be worked with a breast collar. A window, or the chafing part of the harness, may be cut out of the portion of the harness by a saddler so that no pressure is applied to the sore part.

If any pus is present around the sores they may be washed with a fifty-fifty hydrogen peroxide solution. This is then dried off and a dusting powder applied. A good one would be equal parts of oxide of zinc, boracic powder and kaolin. Keep the lesion well cleaned of discharge and well covered with powder. This in itself will not attract flies. On no account allow any further pressure or irritation on the part.

## DRENCHING ANIMALS

It is as well to understand the principles of giving medicine to larger animals in case at any time a Ranger or Guide finds herself in a position of being asked to act as an assistant to an experienced person.

### Pony or Horse

When possible this should be done in a stable. The animal should be backed into its stall with the head facing the door. A plough line or thin rope is obtained and a running noose is made at one end, which is then applied to the upper jaw behind the incisor teeth, and in front of the molars. The free end of the rope is thrown over a beam or parapet above, and the head elevated. If a beam is not available the free end of the rope can be attached to a hay fork or pike, which can be lifted, so elevating the head.

The administrator places the drenching bottle or horn in the mouth of the horse between tongue and molar teeth, care being taken that the molar teeth do not crush a glass bottle. The liquid is then poured gently and slowly into the horse's



mouth, while an assistant with one hand on the lower jaw keeps the mouth closed and with the other hand strokes the throat region to induce swallowing.

### Cow

The act of drenching is easier than in the horse. An assistant grasps both horns and tilts the head backwards and upwards. The administrator, standing on the right side of the cow and facing forwards, places the left arm over the face and inserts the left hand in the mouth between incisor and molar teeth on the left side. With gentle pressure on the lower jaw the cow opens her mouth, and a drenching bottle can be inserted in the mouth on the right side, i.e. nearest the operator.

Alternatively, the operator may grasp the nostrils with forefinger and thumb of left hand, elevate head, and place bottle in right side of the mouth. This method causes more distress to the cow and is not so satisfactory as the former method.

### Sheep

The operator stands astride the back of the sheep, grasps the head with the left hand and inserts the bottle in the mouth with the right hand. Alternatively, restraint can be carried out by an assistant.

### Pigs

Pigs are extremely difficult and somewhat dangerous to drench, and where possible it should be avoided. Difficulty is encountered in providing adequate restraint; moreover, while drenching, pigs often squeal, the epiglottis remaining open, and it is very easy for fluid to enter the trachea or windpipe and set up violent coughing, and sometimes pneumonia.

A running noose is applied to the upper jaw, behind the canine teeth, and the rope fixed to a post or some stationary object. The pig invariably pulls backwards and the head becomes semi-fixed. It is slowly tilted sideways and upwards and a drenching bit applied behind the canines, thus opening the jaws and fixing them. Fluid is then carefully poured into the mouth.

**General Notes on Drenching Animals**

1. Do not elevate the head excessively.

2. Drench slowly—if the animal coughs or struggles the head should be freed and the animal given a few minutes' rest.

3. Work methodically, gently but firmly. Endeavour to gain the animal's confidence and not its antagonism.

4. Wherever possible avoid drenching animals suffering from pneumonia of other acute chest ailments.

5. Avoid drenching pigs.

6. To avoid risk with a glass bottle, a clean tin may be found, a cow's horn can be kept for this purpose, or another useful method is to obtain an old boot, cut off the tip of the toe, place the toe in the mouth and pour fluid into the boot, which then runs through the toe into the mouth.

## GOATS

**Nursing**

In the treatment of illness of all animals nursing is very important; credit for an animal's recovery is often due to good nursing by its owner. Goats are intelligent and highly nervous, so rest and quiet are most important, and it is essential not to disturb them more often than is absolutely necessary. They should be isolated, but kept within the sound of other goats. They need fresh air, but no draught. They will feel the cold when ill, so should have a rug, which can easily be made from an old sack. The normal temperature of a goat is 103 to 104 degrees. A goat with a temperature is usually constipated, so it should be given green food, and if possible a bran mash and such medicine as linseed oil and liquid paraffin. Aspirin is useful to get the temperature down. If the temperature is below normal the goat may be given sal volatile, and after that strong, black coffee every three hours.

**Poisoning**

The most dangerous poisons for goats are green acorns, laburnum, rhododendron and yew. Indications of poisoning are a sudden fall of temperature and, in acute cases, collapse, but the goat can often be saved by stimulants being given in time.



*Treatment*. Strong, black coffee, given every three hours, is especially good in cases of poisoning. When poisoning is suspected, but unknown, keep the goat warm and send for a veterinary surgeon.

**How to Drench a Goat**

Push the goat up against something solid so that she cannot run backwards. Put your arm round her neck, one thumb in her mouth just behind the front teeth—pressing her head against you. A pint beer bottle is a very good thing to use. Put the bottle into her mouth and be sure the goat's neck is straight before beginning to pour the liquid, otherwise you may choke her by pouring into the windpipe. Do not hold the goat's head too high or she will struggle, and pour the mixture *very slowly*. This last point is most important. It is not necessary to use the drenching bottle for such things as liquid paraffin. This may be administered in a tablespoon, which should be put in the side of the mouth, with the head held slightly back so that the oil can trickle down the throat. Goats make very little fuss about this, and the oil is tasteless.

**Dressing Wounds**

Never dab wounds with cotton wool dipped in disinfectant. Infection may be caused by this system. A syringe is the best thing, but if unobtainable, get an ordinary glass and rubber medicine dropper and squirt the solution into the wound. If this is done close to the wound it will not sting. Never touch the wound twice with the same dressing. Do not breathe into the wound. When you have washed the wound well, dry it by dabbing it once only with a piece of cotton wool, then paint the wound with some solution, such as Acriflavine. If possible do not cover the wound, it will do better if the air can get at it. A healthy goat heals remarkably quickly. Never use iodine.

**Some Ailments that you may have to prepare for**

*Chills*. The goat's hair will stand on end. She should be put in a very warm place and rugged well. Give her half a pint of warm beer. If she gets worse give her one of the well-known remedies which can be found in any farming paper. If the temperature rises and the breathing is very short, a veterinary surgeon should be sent for.

*Colic.* There are two kinds of colic. One when the goat becomes restless and is obviously in pain and keeps on trying to stretch its back—lying down and getting up again. The other, when the whole body becomes blown out, and the abdomen distended. In the first case, give an injection of soap and water into the rectum, followed by a dose of gaseous fluid. In the second case, give at least four ounces of linseed oil mixed with one teaspoonful of turpentine. Then massage the goat's stomach and sides gently for about ten minutes. This treatment is usually very effective, and improvement is rapid. If the stomach has not gone down in an hour, give another dose of four ounces of linseed oil.

*Diarrhœa or Scouring.* This may arise from chill, too much green food after feeding on dry food during the winter, or from worms. Mix four ounces of linseed oil with two ounces of castor oil and give to the goat in a drenching bottle. Three hours later follow with a dose of one tablespoonful of prepared chalk.

*Where Poisoning is known.* If the goat is known to have eaten green acorns, laburnum, rhododendron or yew, here are some suggestions, but it is always best to call in a veterinary surgeon in such cases:

Green acorns. Linseed oil, followed by a soap-and-water enema. Give a bran mash if possible and plenty of green food.

Laburnum. This is a narcotic poison. Give strong, black coffee.

Rhododendron. There is great pain and vomiting. Give a large teaspoonful of bicarbonate of soda, followed by a tablespoonful of melted lard or other fat. Also very strong tea with whisky or brandy in it.

Yew. Another narcotic poison and a very dangerous one. The goat is soon unconscious and hardly ever recovers. Linseed oil should be given if the animal is conscious and an enema of soap and water as quickly as possible. Brandy or whisky should be given as a stimulant. If unobtainable give sal volatile, but be careful to mix it with water as it will burn the throat if given too strong.

In these few notes it is impossible to more than touch on the subject of sick goats, but it is essential to remember at all times that the way you touch, handle and speak to a sick



animal will help tremendously towards its recovery; and if you can gain its complete confidence in health you will find it is far easier to deal with when it is ill. Goats are very sensitive and gentle creatures, and they turn to the person they can trust very readily when they are sick.

## RABBITS

If rabbits are properly fed, and their huts kept clean, airy and dry, there is small likelihood of illness or disease.

Rabbits need three meals a day, and therefore great care is needed in feeding. Wet or fusty foods should be avoided, and a good balance maintained between green and root and dry food such as hay or mash.

Rabbit diseases or ailments are few; the most common are:

**Scours** (acute diarrhœa). This can be caused through wrong feeding or chills. Blackberry leaves, shepherds' purse, oak leaves and clean water to drink are all helpful remedies. It is wise to take the rabbit off green foods and feed on hay or bran.

**Coccidiosis.** If rabbits start dying from no accountable reason, coccidiosis may be at the root of the trouble, and expert advice should be obtained. Weakly or poor stock should not be kept if the rabbiting is a business proposition. In the case of a special favourite, isolation is important.

**Colds.** A snuffling rabbit will usually be found in a draughty shed, and a change to an airy and dry hutch, which can be improvised from a packing-case raised on logs, of which one-third can be closed in and two-thirds open with a wire netting front, is the best cure.

**Ear Canker.** This trouble is rare, but when it occurs is most catching; the rabbit should be isolated. Treat the canker with olive oil for several days, then dust with the canker powder prescribed on page 303.

**Watering Eyes.** Examine the rabbit to see if an ingrown eyelash is irritating the eye, and cut it off if this is the cause. For a cold, or scratch by another rabbit or straw, a weak solution of boracic lotion dabbed on with cotton wool will help.

There are many cheap and good publications on rabbit-keeping, and it is wise to buy a book and look up feeding and general management.

There are three main rules to follow in order to keep birds healthy; if these rules are followed illness should not occur.

Birds need: (a) a clean cage, (b) clean water, (c) clean food.

### The Cage

The cage should be large enough to allow of sufficient exercise being taken. The best type is an all-wire cage which allows the occupant to take notice of things going on all around him. The cage bottom should have all stale food, etc., removed every day, and once a week at least it should be thoroughly cleaned inside and out. A brush is best for this, as it will get into all corners (the bird will soon get used to it). Odd corners and crevices harbour and breed insects, especially the red mite, which hides all day and feeds on the body of the bird at night. See that perches are clean, especially the slotted ends that grip the wires. Dip an inch of each end of the perches into paraffin or pine oil after thoroughly scraping the perch. Prevention is better than cure.

Birds cannot live long, or even sing, if they are slowly poisoned by the cage being hung above a gas jet—remember that burnt gas hangs about near the ceiling.

A draughty window or doorway will cause chills. Keeping a bird in too warm a room tends to make him go soft—that is, loose in the feathers and probably go into a continuous or running moult.

### Water

See that the water is changed daily (twice a day in hot weather), and do not forget to wipe the inside of the drinker every time you change the water. Offer the bird a bath once or twice a week, in the morning. Some birds will almost live in their baths. If allowed to soak themselves towards the cool of the evening there is little possibility of them getting dry, and chills will follow. Give the bath before cleaning the cage, so that you can clean up the tray, which will most probably be wet from the shower bath caused by the bird shaking himself dry.



### Food

Good clean seed, free from dirt, is essential if birds are to remain in good health. It is best to rely on one of the recognized proprietary brands of seed on the market (more so than ever with wartime restrictions on seed imports and growing) than to buy seed haphazard from the corn merchant, who will probably have a different sack of wild seed each time you visit him, mixed with little thought of correct blending to suit a bird's requirements. Don't offer your bird seed that is shrivelled. Good seed should be bold and bright-looking, having been machine-cleaned and free from dust.

When filling seed pots, blow out yesterday's shucks and empty seed pods and wash the pots at least once a week. It is surprising how much dust and dirt accumulates at the bottom and, if left like this, the pots will only contain a top layer of seed, and the bird will get insufficient food.

Remember, a bird's main diet is seed, and a little fresh greenstuff daily—watercress, dandelion, chickweed, etc., or in the absence of these a little apple core or half an inch of boiled carrot—is appreciated. Do not feed the bird on all the good things you may have on the table: sweet cake and the like in regular doses are unsuitable and will soon ruin any bird's digestion. While on the subject of digestion, remember that a bird needs good, clean, sharp grit, with fine limestone or shell blended, this aids digestion. He will eat this and grind it into his food, so give him a separate pot of grit, do not expect him to pick it up off the floor of the cage, it is not a clean luncheon table. A tit-bit now and then will not be harmful and will at least add variety to the diet.

Your birds will eat most flowering seed heads grown in the garden, and greatly appreciate half-ripe wild seed heads, such as marigold heads and cosmos seed heads, the latter, by the way, are greatly sought by flocks of goldfinches in the garden outside.

### The Moult

Do not get alarmed if your bird goes off song at the late end of summer; this generally is the period when the moult begins. The moult is the period when the bird changes his suit for the next year, and does not mean he is ill. It is a time of strain, and care should be taken to keep the bird free

from draughts and in an even temperature. During this period a daily ration of a few drops of cod liver oil in soft food is a great help. A good tonic can be provided by giving Parrish's food in the drinking water—one or two drops so that it just tinges the water is sufficient. Reasonable supplies of soft food are to be had from your seedsman, and it is a great help during the moult. Make up as directed on the packet, with a fine sprinkle of Maw's seed on the top (one ounce will last a long time). Continue right through the moult with this diet.

**Care of Beaks and Toe Nails**

These will be continuously growing and will need attention. The ends of the nails will have to be clipped off periodically. To do this, hold the bird carefully but firmly in a good light and use a pair of sharp scissors or nail clippers. Nip off a small portion of the nail, being very careful to avoid cutting into the quick, the opaque centre of the nail. A piece of cuttle fish bone hung up in the cage will see to the beak. The bird will pick at this, and wear down his beak, and the sea salt it assimilates will be an aid to digestion.

When your bird is healthy his condition speaks for itself; when off colour—as we all are at some time or other—he will sit on his perch quietly, his feathers will be all puffed up roughly and loosely round his body. In these circumstances it is best to withhold any greenstuff, leaving a plain diet of seed, with the addition of an inch cube of bread soaked in milk once a day. Should he continue to be mopey, then resort to a few drops of canary tonic, but do not make your bird a chemist's shop. Doping will not cure old age.

Finally, one or two small crystals of Epsom salts in the water the day before cleaning the cage, followed on cleaning day by two drops of tonic, should keep a bird regular and healthy.

## EMERGENCIES

**Animal in a Bog**

Not infrequently animals stray, while grazing, into boggland; usually the heavier type of animal gets stuck, sometimes cows, but more often horses. If an animal is seen to be in difficulties, help should be got as quickly as possible—ropes,



planks and men will be needed. If the animal is over its knees do not attempt to coax it out single-handed; if it plunges, matters will become worse.

If an animal is on its side in a bog, thrust a stake under its head to give it support and keep it from sinking before going for help.

**Animal in a Fire**

Animals are difficult to rescue from fire because of their fear. Cattle may be driven out, but horses and ponies will not move unless they are blindfolded. Quickly tie a sack over the eyes before trying to get them out. (See note on leading frightened animals.)

**Animal Stranded in Floods**

The rapidity with which rivers rise and flood is usually the cause of the loss of animals who are caught in the fields and surrounded by ever-deepening water, with the hedges preventing escape. Raise the alarm, driving all animals towards an escape route if there still is one, or the highest bit of ground. Cattle and horses will swim behind a boat, held by ropes around their horns or a halter, as sometimes the water forces them off their legs and they can be towed to safety.

**Animal Caught in Wire**

By far the most dangerous is barbed wire, especially if rusty. Do not frighten the animal; proceed quietly and gently, and attempt to gain his confidence. Always take the wire off and away from the animal, and *not* the animal from the wire. This is done for two reasons:

(a) Far less injury is inflicted on the animal.
(b) If held while extracting from the wire there is far more likelihood of a bite or scratch.

Having extracted the animal, and each entanglement must be solved on its own needs, the extent of wounds must be examined and treatment applied accordingly.

**Chaining of Animals**

Satisfactory tethers or chains should conform to certain requirements:

1. They should allow of free movement of the head and neck. This includes elevation, depression and lateral move-

ment, and enable the animal to eat and drink comfortably.

2. They should fit the animal correctly

3. They should be of such material that no chafing of the head and neck occurs.

To secure a lost dog or tie up any dog temporarily, note the above, and fasten by a piece of cord or rope to a railing, fence or tree with a round turn and two half-hitches to both collar and railing. If the dog has no collar a bowline is the best knot to use in improvising one. Never tie a knot that will slip on to a dog's neck.

**Fighting Dogs**

The grip of a fighting dog is so strong that even when they are puppies to hang them over a stable door until they relax their hold, as so often is advocated, seems a risky process, as an eye or an ear can quite easily be damaged beyond repair. To sprinkle pepper is highly effective, but this too is risky because of eye injury.

If a pool or rain tub is handy, throw dogs in and hold heads under until they let go. This is as good a method as any. Throw buckets of water if dogs are too big to handle. For dog bites see page 108.

**Hysteria in Dogs**

See page 279.

**Horse or Pony involved in an Accident**

Procedure must vary with circumstances, and no generalization can be entered upon. A veterinary surgeon should always be called in for all but the slightest accidents. The animal should be kept as still as possible: if necessary, traffic warned to slow down.

If a horse that is being either ridden or driven in harness slips up on a greasy or frozen road, he will begin to kick and plunge at once. Sit on his head! There is no reason to be afraid of doing this, as he will remain quite quiet, especially if a sack or coat is put over his eyes. People who understand these things can then remove or cut away the harness and drag away the cart. Sand or sawdust should be spread thickly on the road so that when the horse attempts to get up he does not fall down again. Never stand close to his head when he is getting up. Stand at the end of a good long halter, holding it with both hands.



**Leading a Frightened Animal**

The animal should be led by the owner or groom or a person well known to him. He should be led by a bridle on a short rein, and not given a free head, i.e. his head should be closely and tightly held. In most cases a horse is led much more easily if he is blindfolded by tying a piece of sacking over his eyes. A gentle pat on the neck and reassuring words in the animal's ear helps immensely; in a word, good horsemanship is needed! Keep well up to his shoulder, do not walk in front or he cannot help treading on you. People who walk at the back of a horse are asking for a kick.

**To Tie Up a Stray Horse or Pony**

Never tie a living animal to a post or tree with a clove hitch; if the animal walks about or rubs, this knot would soon come undone. The knot to use is a round turn and two half-hitches on to the post, and a bowline if improvising a halter.

**Poisoning**

By far the most common causes of poisoning are:

1. *Food Poisoning*, from bad meat, tinned food out of thrown-out jars or tins, etc.

Give an emetic and, after sickness has ceased, a dose of castor oil.

2. *Irritant Poisoning*, from rat poison, flypapers, sheep dip, weed killer, etc.

Give an emetic, followed by milk. Magnesia (one dessertspoonful) or plaster from a wall (one teaspoonful, mixed with water) will help. For rat poisoning, a few crystals of permanganate of potash should be given after the emetic.

Always give milk, it helps to neutralize poisons. Keep animal warm, wrapped in a blanket. Take the animal to the veterinary surgeon as quickly as possible.

**Poultry Worrying**

This can be prevented by taking a dog, when still a very young puppy, on a long lead through poultry yards, and correcting any inclination shown to chase the birds. When a kill has actually taken place, scold the dog and take him at once among poultry with a whip, and a sharp lesson will cure him. When the dog is older and the killing more established, it is a most difficult habit to break. Drastic

measures are necessary. Tie the killed bird around the dog's neck, having put mustard on it, and leave for twenty-four hours. This will cure a hardened sinner.

**Sheep Worrying**

Read above note on preventing worrying with poultry; the same applies with sheep.

Worrying sheep is a most serious offence for which a dog is shot. It is most important to teach a puppy that he must never chase sheep. If a dog is seen among sheep, go to the rescue at once. Probably the dog will run, and it is unlikely that he will allow capture; get help. Report to the nearest farm and the police. It is most important to observe the dog very carefully. Notice colour and any particular markings. Also note the direction in which he runs when you chase him off. There will probably be need later to identify him among several other dogs; lack of observation or inaccurate memory might very easily condemn an innocent dog.

**TABLE OF APERIENT MEDICINES FOR DOGS, CATS, FERRETS**

| | *Size of dog* | *Dose* |
|---|---|---|
| Prevention of constipation | All dogs | Plenty of water and exercise |
| Liquid paraffin (mild laxative) | Fox terrier | 1 tablespoonful, twice daily |
| Olive oil | Puppy | 1 teaspoonful, once daily |
| Epsom salts | Fox terrier | ¼ to ½ teaspoonful in water each day, or 1 teaspoonful, followed by plenty of water |
| Milk of magnesia | Fox terrier | 1 teaspoonful, three mornings a week |
| Castor oil (drastic laxative) | Fox terrier | 1 tablespoonful (should not be given if animal is vomiting) |

*Note.* Size and age of dog should be taken into consideration in giving relative dose for different breeds. One-quarter of the dose prescribed in the table above should be administered to a cat or a ferret.



## PRESCRIPTIONS

*Distemper*:

℞. Pulv. Kaolin 1 oz.
Tinct. Chlorof. et Morph. Co.1. fl. oz.
Aqu. ad. 8 ozs.
Fist. Mist.
Sig. Give one dessertspoonful three times daily.

*Sedative for Distemper*:

| | | |
|---|---|---|
| ℞. | Talc. Carb. Praep. | 2 drachms. |
| | Tinct. Chlorof. et Morph. Co. 1914. | 10 minims. |
| | Aq. ad. | 1 oz. |
| M. | Fist. Mist. | 8 ozs. |
| | Mitte | |

Sig. For an average fox terrier, dose 2 tablespoonsfuls twice daily.

*Canker in the Ears of Dogs and Cats*:

| | | |
|---|---|---|
| ℞. | Iodoform | 2 drachms. |
| | Acid Boric | 2 ,, |
| | Zinc Oxide | 8 ,, |

M. ft. Pulv.

To administer: hold the dog between knees; raise flap of affected ear; dust a little powder down earhole cavity. Gently massage below ear for a few moments to encourage powder to settle, and hold the dog so that it does not shake its head.

*Eyes*:

Boracic Acid solution for injured eyes.
Half a teaspoonful to half a pint of distilled or sterile water.

*Aspirin for Hysteria Fits*:

Two five-grain tablets in a little milk, or as powder on the tongue, as quickly as possible.

*Ointment for Mange*:

1 oz. of flowers of sulphur in 7 ozs. of olive or rape oil.
(For application see page 285.)

*M. & B. tablets for Pneumonia*:

Give two tablets as the initial dose, and afterwards one every eight hours.

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*Note.*—The prescriptions given above for distemper and canker will be understood by chemists. It is essential that prescriptions of this kind should be made up by an expert.

## THE DESTRUCTION OF ANIMALS

It may appear strange to give the destruction of animals prominence in this book, and yet it is done with a very real purpose. It is done because destruction as painlessly as possible is the right First Aid treatment in incurable cases.

It is done because out of a mistaken sense of kindness or love many people cause unnecessary suffering to their animals. 'I haven't the heart to have him done away with; we are all devoted to him,' glancing at a poor old dog, blind, deaf and covered with sores, stiffly trying to drag himself on to his feet, every movement causing acute pain.

A man and his wife, obtaining new employment where they could not take their dog, promptly took him out and lost him in the streets. Others going away will shut their door and leave their cat to wander unfed till it dies of starvation, or exists, a precarious and unhappy life, by poaching and other means. Refusing painless destruction to an unwanted half-starved cat who haunted other people's doors because 'they thought a lot of it', the owners took it miles to drop it in an unknown village where 'it *might* lurk around some farm'. Cats will return to their old home by instinct and will travel great distances. This poor cat came back and, unwanted, was taken away again and again.

Others, omitting to drown kittens the day they are born when they would hardly struggle, will throw them fully grown into tubs of water, so carelessly too that often the poor mother cat will drag out her drowned babies.

A dog tied alive in a sack and flung in a river has been known to get out and return to its cruel home, faithful to those who have betrayed its trust. An animal riddled with disease or severely injured in an accident is often left for days to die a lingering death, with the epitaph, 'Let him be; give him a chance'.

Public opinion can do much, and all possible means should be taken to educate people in the proper meaning of kindness to animals. To have perception of their sufferings, an understanding of how to render First Aid, when to call in a veterinary surgeon, and when to consider destruction of a humane kind.

The most efficient method of destroying animals is shooting. It is instantaneous and painless, *provided* it is carried out properly by a person well accustomed to handling humane killers or firearms.



### Humane Killers

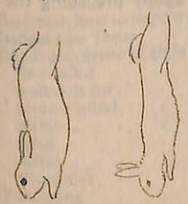
The Cash Captive Bolt pistol, the Temple-Cox pistol, and the R.S.P.C.A. model of the Greener killer are excellent weapons provided they are used efficiently, and they are far more humane than a shotgun. The process of shooting may sound a gruesome one, but carried out quickly, efficiently and quietly, it is by far the kindest method of destruction. Pole-axeing cattle is an out-of-date, inefficient method of destruction, and is seldom used now.

### The Lethal Chamber

It is by no means generally known that at many of the bigger chemists' shops in towns, dogs and cats can be destroyed by chloroform free of charge. Inquiries should be made either at chemists' shops, from the R.S.P.C.A. Inspector, or from veterinary surgeons.

In many of the places where ageing or diseased dogs and unwanted cats are flung into canals or rivers, the cruelty of this type of death could be avoided if this free destruction service were widely known. Members of the Guide Movement should make inquiries of facilities available in their neighbourhood and pass round the information.

**How to kill a rabbit** badly injured by such things as a car, trap or snare. Holding the rabbit by the hind legs in one hand, take the head with the other hand, placing the two forefingers under the chin, the thumb at the base of the skull just behind the ears, with a quick stretching movement draw the head back, pressing with the thumb; this will dislocate the neck. A better method for Guides is to hold the rabbit by the hind legs and hit it sharply with a stick, just behind the ears; it needs a hard hit. The ears will flop forward when the rabbit is really dead.



Alive Dead

**How to kill a wounded bird.** Pull out a strong pinion or large pin, stick it into the back of the bird's head where there is a soft place at the back of the skull. Push it in far enough to penetrate the brain. Don't be worried if the bird continues to flutter, the nerve reflexes may go on for some minutes. An alternative method is, holding the bird by the legs, to hit it sharply on the back of its head with a stick.

**Long Agony, or a Quick Death.**

Which is the gift that you would give to a piteous seriously hurt animal or bird? Sometimes if we are faced with this unfortunate choice we are yet fortunate enough to have with us someone who knows how, and is brave enough to act quickly to put an animal out of its pain.

Another time this terrible predicament may be ours and ours alone. I have heard many say: 'I am far too fond of animals—I could not possibly destroy anything'. Fond of animals? Face facts; you consider your feelings and weakness more than their suffering. Surely those of us who love animals must strike that their agony be ended, though the agony of doing it may haunt us for hours.

**General Note on Destroying Animals**

1. Carry it out quickly and efficiently.
2. Know exactly what you are going to do before commencing.
3. Do not let the animal guess what you are going to do. The extent of an animal's reasoning power is unknown, but it is as well to assume that, for an animal as for a human, the anticipation of death is its worst agony preceding the act of destruction.



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